MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

10344

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Timonium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Timonium Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: David Elmer Ainsworth

3. (b) Social Security Number: 216-07-5709

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Frances (nee Daywalt)

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 14, 1877

8. AGE: Years	Months	Days	If less than one day
63	6	23	hrs. min.

9. Birthplace: Washington Co., Maryland
(Town, county, and state)

10. Usual occupation: Dryer Operator

11. Industry or business: H. T. Campbell Quarry

FATHER
12. Name: Wm. Ainsworth
13. Birthplace: Wash. Co., Maryland

MOTHER
14. Maiden name: Louisa Mullen
15. Birthplace: Wash. Co., Maryland

16. Informant: Mrs. D. E. Ainsworth
Address: Timonium, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 10, 1940 (month) (day) (year)

Cemetery or crematory: Moreland Memorial Park

Location: Balto., Md.

18. Funeral director: Landon M. Brooks
Address: Sparks, Md.

19. Oct. 8 (Date rec'd by registrar) 1940 Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 7, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7 1940, to 19

and that I last saw him alive on October 7 1940.

Immediate cause of death: Coronary Thrombosis

DURATION: Three hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. C. de [illegible], M.D.
M. D. or other

Address: Towson, Md Date signed: 10/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

10345

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5 Seminole Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 5 Seminole Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Brooke H. Appler

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Carrie Edna McCrea Appler

B(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1882

8. AGE: Years 57 Months 9 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Optician

11. Industry or business

FATHER 12. Name Thomas Appler

13. Birthplace Maryland

MOTHER 14. Maiden name Amelia Mahe

15. Birthplace Maryland.

16. Informant Mrs. Brooke H. Appler

Address 5 Seminole Ave. Catonsville

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct 9, 1940 (month) (day) (year)

Cemetery or crematory Western Cemetery

Location Baltimore, Maryland

18. Funeral director Easton Sons

Address Ellicott City

19. 10/8 1940 (Date rec'd by registrar) H. C. Andrew Registrar pro l. c. m. Liberty Lane

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1940, at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1938 to Oct 6 1940 and that I last saw him alive on October 6 1940.

Immediate cause of death Cerebral monoplegia — DURATION 30 months

Due to Arterio-sclerosis — ?

Due to Hypertension — 3 years

Other conditions Primary Cause: Cerebral hemorrhage. C.W.G.R. Duration: eighteen months. (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Wetherbee Fort M. D. or other

Address 20 E. Preston St. Baltimore, Md. Date signed 10/8/40

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

10346

Reg. Dist. No. 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Owings Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Reisterstown Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Fred Bassler

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wilhelmina Shuppach
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 2 - 1852
8. AGE: Years 88 | Months 6 | Days 24 | If less than one day ____ hrs. ____ min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Grocer
11. Industry or business
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Eva Breyer
MOTHER 15. Birthplace: Germany
16. Informant: C. Edward Bassler
Address: Owings Mills
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 28 1940 (month) (day) (year)
Cemetery or crematory: Western
Location: Balto. Md.
18. Funeral director: Geo. W. Little
Address: 2700 Edmondson Ave.
19. Oct. 27 1940 (Date rec'd by registrar) J. Frank Miller M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-26-40 19____, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-25-40 19____, to 10-26-40 19____, and that I last saw him alive on 10-25-40 19____.

Immediate cause of death	DURATION
Uremic coma	24 hrs
Due to Hypertension	5 yrs
Due to Arteriosclerosis myocarditis	5 yrs 2 yrs
Other conditions Decompensating	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown Md. Date signed 10-26-40

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NOV 4 1940
BUREAU V. S.

10347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County: Baltimore

City or town: Rosedale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Summit Ave.,

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Rosedale Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Summit Ave.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Paul Emil Bauersfeld, Sr.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth Bauersfeld

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 27, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	26	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Retired Postal Clerk

11. Industry or business:

FATHER
12. Name: Henry W. Bauersfeld
13. Birthplace: Germany

MOTHER
14. Maiden name: Amelia Hansge
15. Birthplace: Germany

16. Informant: Mrs. Elizabeth Bauersfeld
Address: Summit Ave., Rosedale, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 26, 1940 (month) (day) (year)

Cemetery or crematory: Parkwood

Location: Parkville Taylor Ave

18. Funeral director: William M. Mareck

Address: 715 Light St.,

19. Oct. 25 1940 (Date rec'd by registrar) Mrs. S. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23, 1940, at 5.55 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to 10/27 1940, and that I last saw him alive on 10/27 1940.

Immediate cause of death: Valvular Heart Disease — DURATION: 1 yr

Due to:

Due to: Gastritis — 2 mos

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Ct operations: —

Dt autopsy: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

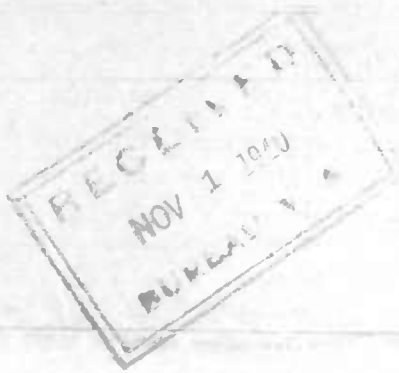
23. SIGNATURE: A. C. Hearn M. D. or other

Address: 4401 Garrison Date signed: 10/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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NOV 1 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

10348

Reg. Dist. No. 38

Edith Steward Beale

1. PLACE OF DEATH:

County Baeto

City or town Ruxton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Berwick ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1yr. 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baeto.

City or town Ruxton Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Berwick Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edith Stewart Beale

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Charles W. Beale

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 9 1886

8. AGE:

Years	Months	Days	If less than one day
54	2	27	____ hrs. ____ min.

9. Birthplace Indiana

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Samuel Stewart

13. Birthplace Indiana

MOTHER 14. Maiden name Etta Mossholder

15. Birthplace N.Y. State

16. Informant Chas W Beale

Address Ruxton Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Oct. 8 1940 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Toledo Ohio

18. Funeral director Henry W. Jenkins Sons Co

Address McCulloh & Orchard Sts

19. Oct 7 1940 (Date rec'd by registrar) H. J. Donnelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Carcinoma of breast — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. O'Mara Lufay M. Ex M. D. or other

Address Ruxton Md Date signed 10.6.40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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NOV 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

10349

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Randallstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Randallstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Chapman Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Burdette

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
indeterminate	white	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 6 1940

8. AGE: Years | Months | Days | If less than one day hrs. 0 min.

9. Birthplace Randallstown Balto Co Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name George W Burdette

13. Birthplace Maryland

MOTHER 14. Maiden name Dorothy M Cullum

15. Birthplace Maryland

16. Informant Mrs George W Burdette

Address Randallstown Md

17. Disposed of by Cremation Date thereof Oct 6 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director none

Address

19. Oct 7 1940 Wm E Martin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1940, at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Premature birth at 2 months	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm E Martin M. D. or other

Address Randallstown Md Date signed Oct 7 1940

RECEIVED
NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-C)

Reg. Dist. No. 38

10350

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town TOWSON
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 61 BURKE AVE.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 15 YRS.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town TOWSON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 61 BURKE AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN ROBERT CALDER

3 (b) If veteran, name war —

3 (c) Social Security No. 215-07-3016

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JUNE 28, 1920

8. AGE: Years 20 | Months 3 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual occupation ACCOUNTANT (CLERK)

11. Industry or business GAS + ELECT. CO., BALTO., MD.

FATHER
12. Name ROBERT C. CALDER
13. Birthplace BALTO., MD.

MOTHER
14. Maiden Name ALICE L. HERRING
15. Birthplace BALTO., MD.

16 (a) Informant ROBERT C. CALDER
(b) Address 61 BURKE AVE., TOWSON, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/23/40 (month) (day) (year)
(c) Cemetery or crematory GREENMOUNT CEM.
Location BALTIMORE, MD.

18 (a) Funeral director John Burns & Sons
(b) Address Towson, Md.

19 (a) Oct 27/40 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death OCT. 20, 1940, at 12:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940, to Oct 20 1940, and that I last saw him alive on from Oct 20/40

Immediate cause of death Acute Cardiac Dilatation

Due to Carcinoma of Testicle abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Testicle abdomen
Of autopsy

Duration: 6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Hamer
M. D. or other
Address 1800 N. Charles St Date signed 10/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (95-e)

10351

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto. Co.
City or town: —
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, Institution, or street address where death occurred: Rev. Opitz Home - Edmondson Ave
How long in hospital or institution? 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County:
City or town: Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 700 N. Duncan St
(if rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME Mary Chlad

3. (b) Social Security Number —

4. Sex: F
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: widow
6.(b) Name of husband ~~or wife~~: Jan Chlad
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Nov. 8, 1863

8. AGE: Years 76 | Months 11 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace: Cecho-Slovakia (Germany)
(Town, county, and state)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace:

MOTHER
14. Maiden name: unknown
15. Birthplace:

18. Informant: Mr. John Chlad
Address: 516 N. Bouldin St.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct (month) (day) (year)
Cemetery or crematory: Oak Hill Oct 12 40
Location: Horner's Lane

18. Funeral director: William Cook
Address: 1217 St Paul

19. 10/10 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 10 1940, at 7 35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1938, to Oct 10 1940 and that I last saw her alive on Oct. 9 1940

Immediate cause of death	DURATION
myocardial insufficiency, senility	6 days.
Due to: General carditis	5 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. C. Sobihal MD
M. D. or other
Address: 447 N. Kenwood Ave Date signed: 10/10/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

10352

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Ellicott City (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Granite Hill
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25

2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infant, give residence of mother)
State Maryland County Baltimore
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Granite Hill (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Maranda Clark

3. (b) Social Security Number

4. Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George Clark

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1850

8. AGE: Years 89 | Months 11 | Days 11 | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

FATHER 12. Name Abraham Myers

13. Birthplace Maryland

MOTHER 14. Maiden name Susan Green

15. Birthplace Maryland

16. Informant Mrs. Alice Espey Smith

Address Ellicott City

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 4 1940 (month) (day) (year)

Cemetery or crematory Della Cemetery

Location Della Baltimore Co. Maryland

18. Funeral director Easton Sons

Address Ellicott City

19. 10 4 1940 (Date rec'd by registrar) Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1940, at 305 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Oct. 1 1940, and that I last saw h at alive on 10-1- 1940

Immediate cause of death Carcinoma of Rectum — DURATION 3 years

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE George E. Bungtop M.D. M. D. or other

Address Ellicott City, Md. Date signed 10-3-40

RECEIVED
NOV 1 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (H-B)

10353

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Brooklandville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Brooklandville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew George Cozens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Clara Cozens

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 27, 1870

8. AGE: Years	Months	Days	If less than one day
69	10	26	hrs. min.

9. Birthplace Winnipeg, Canada
(Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business Private - Dr Walter Wells

FATHER 12. Name Unknown

FATHER 13. Birthplace England

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace England

16. Informant Mrs. Clara Cozens

Address Brooklandville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/25/40 (month) (day) (year)

Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Md

18. Funeral director Wm J Ecknest Sons

Address North Ave, Aves

19. 10/23 (Date rec'd by registrar) 1940 E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23rd 1940, at 5.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1937 to Oct 23 1940 and that I last saw h alive on Oct 23 1940.

	DURATION
Immediate cause of death: Internal hemorrhage	24 hrs
Due to: Carcinoma of stomach	?
Due to:	
Other conditions: Chronic Myocarditis	?
Arterio Sclerosis	?

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr E E Nichols
M. D. or other

Address Pikesville Md Date signed 10/23/40

RECEIVED
OCT 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

10354

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Baltimore
City or town Trenton (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 62 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Trenton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara Gertrude Cullison

3. (b) Social Security Number c

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married.

6 (b) Name of husband or wife Charles H Cullison
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 17-1878

8. AGE: Years 62 | Months 9 | Days 13 | If less than one day ____hrs. ____min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John H Annacost
13. Birthplace Maryland

MOTHER 14. Maiden name Martha A. Bush
15. Birthplace Maryland

16. Informant Charles H Cullison
Address Uppers. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 7/40 (month) (day) (year)
Cemetery or crematory Grace
Location near Hampstead Md

18. Funeral director Edw C Tipton
Address Hampstead Md

19. Nov 1 1940 (Date rec'd by registrar) Cyril E Fowble Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1940, at 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Oct. 30 1940 and that I last saw h-er alive on Oct 15 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	-
Due to Arteria-Sclerosis	2yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work? no

23. SIGNATURE Maurice C. Carter M.D. or other
Address Hampstead Md Date signed 10/1/1940

RECEIVED
NOV 4 1940
B. AGRI. V. S.

10355

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

~~City~~ or town White Hall Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 33 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town White Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Jehu Day

3. (b) Social Security Number 717-07-6773

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Prudie E Day

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb 17 1876

8. AGE: Years 64 | Months 8 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Trump Balt Co. Md (Town, county, and state)

10. Usual occupation Pa. R.R. Trackman

11. Industry or business

FATHER
12. Name Henry Day
13. Birthplace Md

MOTHER
14. Maiden name Elizabeth Riley
15. Birthplace Md

16. Informant Mrs. Prudie E Day

Address White Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29, 1940 (month) (day) (year)

Cemetery or crematory Wiseburg

Location White Hall Md

18. Funeral director P. Marklewson

Address White Hall Md

19. Oct 28 1940 (Date rec'd by registrar) M. Bostner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 89 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1940, to Oct 27 1940 and that I last saw him alive on Oct 27, 1940

Immediate cause of death: Chronic Myocarditis — DURATION: 6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milner Bostner M.D. M. D. or other

Address White Hall Date signed Oct 28, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
NOV 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10356

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (176)

County Balto Registration Dist. No. 32

Village or City Woodstock College No. Woodstock Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence J. Dennis no social security number

(a) Residence: No. Summit Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Dennis

6. DATE OF BIRTH (month, day, and year) Jan 29 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Woodstock College

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Dennis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Slavin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mildred Dennis wife (Address) Mount Md.

18. BURIAL, CREMATION, OR REMOVAL Woodstock Md

St Cecelia Cemetery Date Nov 5, 1940

19. UNDERTAKER Bernard C Harks (Address) 131 E North St

20. FILED 11/1, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 31 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attandad deceasad from ..., 19..., to ..., 19...

I last saw h... aliva on ..., 19...; death is said to have occurred on the data statad above, at 1.45 P.M.

Tha **PRINCIPAL CAUSE OF DEATH** and ralatad causes of importance were as follows:

	Date of onset
Fractured Skull	
Fractured Lower Jaw	
Bone	
Head	
Caught between elevator and	
Dther **Contributory Causes** of importance: safety gate	
General head injuries	

Name of oparation ... Date of ...

What test confirmed diagnosis? ... Was thera an autopsy? No

23. If daath was dua to axtarnal causas (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? Accident Date of injury Oct 31, 1940

Where did injury occur? Woodstock College (Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Woodstock College

Manner of injury Elevator Runaway Caught

Nature of injury his head against Safety Gate

24. Was diseasa or injury in any way reletad to occupation of deceasad? No

If so, spacify

(Signed) Jos M Kelly Jr Examining M. D.

(Address) 100 Lexington Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
NOV 15 1940
VITAL ST

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

10357

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Sparrow Point
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 532 E St

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Sparrow Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 532 E St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Agnes Dennis

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F M	White	Married

6 (b) Name of husband or wife William H. Dennis

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 18 1876

8. AGE: Years	Months	Days	If less than one day
64	3	22	hrs. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Ravil
13. Birthplace Pa

MOTHER
14. Maiden name Amelia Langley
15. Birthplace Md

16. Informant Mr William H Dennis

Address 532 E Street

17. Burial Date thereof Oct 12-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Medowridge Memorial Park

Location Washington Blvd.

18. Funeral director William M Mareck

Address 715 Light St

19. Oct 10 1940 Dawson T. Farber Dep. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1940, at 12 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9th 1940, to Oct 10th 1940, and that I last saw her alive on Sept 9th 1946.

Immediate cause of death	DURATION
Arteriosclerosis	6
Due to Myocarditis	4 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank C Eldred M. D. or other

Address Sparrow Point Date signed 10-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
NIELAU Y. E.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

10358

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
County: Baltimore
City or town: Relay
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: New Rolling Rd, St Denis
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 32 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ✓ County: ✓
City or town: ✓ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Susan Rebecca Dicus

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Dicus
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 5 - 1842

8. AGE: Years: 98 Months: 6 Days: 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick Md.
(Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: ✓
FATHER
12. Name: John M Watts
13. Birthplace: ? Pa.
MOTHER
14. Maiden name: Catherine Barbara Eardor
15. Birthplace: ? Pa
16. Informant: Mrs W. C. Hackett
Address: Relay Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 16, 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Balto. Md.
18. Funeral director: Robert S. Little
Address: 2700 Edmondson Ave
19. Oct 14 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14 1940, at 7 40 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Oct 14 1940, and that I last saw her alive on Oct 13 1940.

Immediate cause of death: Chr. Myocarditis — DURATION: ?
Due to: Infirmities of age
Due to:
Other conditions: General Arteriosclerosis — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: B B Brumbaugh M. D. or other
Address: Elkridge Md Date signed: 10/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10359

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (73d)

County Baltimore Registration Dist. No. 42

Village or City Halethrope No. 4415 Hillside Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Wittman If U. S. Veteran, specify WAR ____

(a) Residence: No. 4415 Hillside Ave St., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Wittman

6. DATE OF BIRTH (month, day, and year) Aug 26-1854

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
86	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Michael Funk

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Wiebking (Address) 4415 Hillside Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 10-7, 1940

19. UNDERTAKER Leonard D. Ruck (Address) 5305 Harford Rd.

20. FILED Oct 5, 1940 Geo. Kiefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10-3-40 (Month) (Day) (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from March, 1940, to October 3, 1940

I last saw her alive on Oct. 3, 1940; death is said to have occurred on the date stated above, at 9 00 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardiac Failure	10-3-40
Chronic myocarditis	
Duration: Unknown.	
Other **Contributory Causes** of importance:	
Senility	

Name of operation None Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. A. Parr M. D.

(Address) 4201 Wilkens Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10360

1. PLACE OF DEATH (46-D)

County BALTIMORE Registration Dist. No. 33

Village or City OWINGS MILLS No. REISTERSTOWN ROAD St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARTHA PEARL DOGGETT If U. S. Veteran, specify WAR —

(a) Residence: No. OWINGS MILLS (BALTO. CO) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SAMUEL COLEMAN DOGGETT

6. DATE OF BIRTH (month, day, and year) MARCH 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) RAYVILLE (State or country) BALTIMORE COUNTY, MARYLAND

FATHER

13. NAME (LAST NAME) BOSLEY

14. BIRTHPLACE (city or town) UNKNOWN (State or country)

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) UNKNOWN (State or country)

17. INFORMANT SAMUEL COLEMAN DOGGETT (Address) OWINGS MILLS, MARYLAND

18. BURIAL, CREMATION, OR REMOVAL Place EMMERTON, MARYLAND Date OCT. 21, 1940

19. UNDERTAKER Walter Brooks Bradley (Address) 1922 W. North Ave - BALTIMORE

20. FILED Oct. 20, 1940 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/1/, 1940, to Oct 19, 1940

I last saw her alive on Oct 19, 1940; death is said to have occurred on the date stated above, at 1¼ A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Oct 1, 1939

Other Contributory Causes of importance:

Cachexia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Reisterstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED
OCT 25 1940
BUREAU OF

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

10361

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 0 mos., 28 days
Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 0 mos., 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 322 W. 30th Street
(If rural, give LOCATION)
2.(a) If veteran, name war: World War

3.(a) FULL NAME: Fred A. Donovan

3.(b) Social Security Number: 215-01-4701

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Elizabeth Donovan
6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): October 1, 1897

8. AGE: Years	Months	Days	If less than one day
43	0	29	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Finance Agent
11. Industry or business: Unknown

FATHER
12. Name: Joseph F. Donovan
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Sybil Moran
15. Birthplace: Baltimore, Maryland

18. Informant: Fred A. Donovan
Address: 322 W. 30th St., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 2, 1940 (month) (day) (year)
Cemetery or crematory: Cathedral Cemetery
Location: Baltimore, Maryland

18. Funeral director: H. W. Mears & Son
Address: 805 N. Calvert St., Baltimore, Md.

19. Oct. 30, 1940 (Date rec'd by registrar) J. Franklin Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30, 1940, at 9:05A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 2, 1940 to October 30 1940 and that I last saw him alive on October 30, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations
Date of op.:
Autopsy results: No autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D. M. D. or other
Address: Mt. Wilson, Md. Date signed: 10/30/40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

RECEIVED
NOV 5 1940
CLEAD, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-C

10362

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 10 mos., 0 days
Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 10 mos., 0 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. 707 Houston Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mrs. Mildred V. Dove

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6.(b) Name of husband or wife: Howard Dove
6.(c) If alive, give age: 37 years
7. Birth date of deceased (mo., day, yr.): July 30, 1904

8. AGE: Years	Months	Days	If less than one day
36	2	21	....hrs. ....min.

9. Birthplace: McKeesport, Pennsylvania (Town, county, and state)
10. Usual occupation: Nurse
11. Industry or business: Unknown

FATHER
12. Name: Kerby Miller
13. Birthplace: Frederick County, Virginia

MOTHER
14. Maiden name: Nannie Clark
15. Birthplace: Clark County, Virginia

16. Informant: Mrs. Mildred V. Dove
Address: 707 Houston St., Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 23, 1940 (month) (day) (year)
Cemetery or crematory: Memorial Cemetery
Location: Middletown, Virginia

18. Funeral director: Frank H. Newell
Address: Pikesville, Maryland

19. Oct. 21, 1940 (Date rec'd by registrar) J. Frank Goldsborough Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 21, 1940, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21, 1939, to October 21, 1940 and that I last saw her alive on October 21, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5½ yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	9 mos.
Toxic Psychosis	1 month

(Include pregnancy within 3 months of death)

Major findings of operations: No operations
Date of op.:
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. (M.D. or other)
Address: Mt. Wilson, Md. Date signed: 10/21/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

10363

Reg. Dist. No. 42

1. PLACE OF DEATH:

County — Baltimore

City or town — Relay (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Relay Sanitarium

Stay in hospital or inst. (yrs., or mos., or days) — 30 yrs 2 months

Stay in this community (yrs., or mos., or days) — 30 yrs 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State — Maryland County — Baltimore

City or town — Relay (If outside city or town limits, write RURAL NEAR and give town) Ward No. 13

Street No. — Viaduct Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR — Yes

3. (a) FULL NAME — Clara Henrietta Druel

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife — —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — Oct 16, 1861

8. AGE: Years 79 | Months 0 | Days 11 | If less than one day — hrs. — min.

9. Birthplace — Baltimore, Md. (Town, county, and state)

10. Usual occupation — Yes

11. Industry or business —

FATHER — 12. Name — Ernest Druel

13. Birthplace — Maryland

MOTHER — 14. Maiden name — Louisa Brams

15. Birthplace — Maryland

16. Informant — Friend in hospital

Address —

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 29/40 (month) (day) (year)

Cemetery or crematory — Green Mount

Location — Greenmount ave & Oliver St

18. Funeral director — John Quitchell & Sons

Address — 1900 Eutaw Place, Balto, Md.

19. Oct 29 1940 (Date rec'd by registrar) — Geo Leiffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — October 27th 1940, at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1931, to Oct 27 1940, and that I last saw h- alive on Oct 27 1940.

Immediate cause of death	DURATION
Thrombosis of popliteal artery - right	5 days
Due to Fracture rt. femur	17 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Accident Date of 10/10/40

Where did injury occur? — Relay (City or town) Baltimore (County) Md (State)

Injured at home, farm, industry, public place (where?) — Hospital

Means of injury — Fell Injured at work? — No

23. SIGNATURE — Lewis P. Gundry M. D. or other

Address — Relay, Md Date signed 10/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 4 1940
M. REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10364

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr., 2 mos., 13 days
Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 1 yr., 2 mos., 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest towo)
Street No. 2530 Orleans Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Miss Clara Dunnock

3.(b) Social Security Number: 215-10-1850 → ~~Unknown~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 29, 1891

8. AGE: Years	Months	Days	If less than one day
49	8	0	hrs. min.

9. Birthplace: Golden Hill, Dorchester Co., Md. (Town, county, and state)
10. Usual occupation: Seamstress
11. Industry or business: Unknown

FATHER
12. Name: John Dunnock
13. Birthplace: Dorchester County, Maryland

MOTHER
14. Maiden name: Alice Jones
15. Birthplace: Dorchester County, Maryland

16. Informant: Miss Clara Dunnock
Address: 2530 Orleans St., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 31, 1940 (month) (day) (year)
Cemetery or crematory: St. Mary's Star of the Sea Cemetery, Golden Hill, Maryland
Location:

16. Funeral director: Martin W. E. Dippel
Address: Lombard & Ann Sts., Baltimore, Md.

19. Oct. 29 1940 (Date rec'd by registrar) J. Frank Spelling Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 29 1940, at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16, 1939, to Oct. 29, 1940 and that I last saw her alive on October 29, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations
Date of op.:
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart A. Shaffer M.D. M. D. or other
Address: Mount Wilson, Md. Date signed: 10/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

10365

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Baltimore Co.
City or town: Hyde Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3228 Eastern Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Eckhardt

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife: Andrew Eckhardt
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 8, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	15	____ hrs. ____ min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: John Pfeister
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary ?
15. Birthplace: Baltimore

16. Informant: Mr. George Eckhardt
Address: 325 S. Ellwood Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 26, 1940 (month) (day) (year)
Cemetery or crematory: Parkwood
Location: Baltimore

18. Funeral director: H. Sander & Son Inc.
Address: North Ave. & Broadway

19. 10-25-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 24, 1940 19__, at 3:10

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1938, to Oct 23 1940, and that I last saw her alive on Oct 23 1940.

Immediate cause of death: cerebral Hemorrhage
Due to: Arterio Sclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. Mohr M. D. or other
Address: 301 S Ellwood Av. Date signed: Oct 25, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Mohr

M

T

RECEIVED
NOV 6 1940
U. S. DEPT. OF AGRICULTURE

HEALTH DEPARTMENT—CITY OF BALTIMORE

10366

30

CERTIFICATE OF DEATH

1. PLACE OF DEATH Daughters of Eucharist Home

CITY OF BALTIMORE: (No. Maiden Choice Lane, St., Catonsville Md Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..moa..ds. How long in U. S. If of foreign birth? ..yrs..moa..ds.

2. FULL NAME Augustine Walsh Emory

If U. S. Veteran specify WAR

(a) Residence: No. Preston Apts. Preston St. & Guilford Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustine Walsh Emory

6. DATE OF BIRTH (month, day, year) Feb 16, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
84	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Dr. Augustine Walsh Emory

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Juliette O'Donnell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Daughters of the Eucharist, Inc.

(Address) Maiden Choice Lane, Catonsville

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cathedral Cemetery Date Oct 5 1940

19. UNDERTAKER Henry W. Meamber

(Address) 805 N. Calvert St.

20. FILED Oct 2 1940 [signature] Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1940, to October 2, 1940

I last saw him alive on October 2, 1940 Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1920
Chronic Myocarditis	1939
Terminal pneumonia.	10/1/40

Other contributory causes of importance:

Advanced Age of deceased.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Examin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dallas L. Baggott, M. D.

(Address) 2229 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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OCT 10 1927
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10367

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Fowblesburg

City or town Balto. County
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Fowblesburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Mary Bixler Fowble

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Alfred Fowble

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 30, 1858

8. AGE: Years	Months	Days	If less than one day
82	5	28	..... hrs. ..... min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Noah Bixler
13. Birthplace Carroll Co.

MOTHER
14. Maiden name Ester Wheeler
15. Birthplace Balto. Co.

16. Informant Mrs. Ester Wisner

Address 135 Slade Ave. Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31, 1940 (month) (day) (year)

Cemetery or crematory Pleasant Grove

Location Balto. Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. Oct. 30 1940 (Date rec'd by registrar) L. Brand Mills M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29/40, at 1:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/20/40 19..., to 10/29/1940 and that I last saw her alive on 10/28/1940

Immediate cause of death	DURATION
Uremic Coma	2 days
Due to hypertension	
Due to arteriosclerosis	
Other conditions Nephritis (chronic) (Include pregnancy within 3 months of death)	

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE James G. Saffell M. D. or other

Address Reisterstown, Md. Date signed 10/30/40

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10368

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months and 25 days

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 4 months, 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Eastport (If outside city or town limits, write RURAL and give nearest town)

Street No. 11 Severn Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Luther C. Francis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Bertha Francis

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) September 27 - 1860

8. AGE:

Years	Months	Days	If less than one day
80	0	8	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Tower Chester Company

FATHER

12. Name William P. Francis

13. Birthplace Maryland

MOTHER

14. Maiden name Lenina Cowart

15. Birthplace Maryland

16. Informant Hospital records

Address Catonsville, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct 8 1940 (month) (day) (year)

Cemetery or crematory Cedar Bluff Cem

Location Annapolis Md.

18. Funeral director [illegible]

Address 1003 W. Baltimore St

19. 10/6 1940 (Date rec'd by registrar) [illegible] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1940, at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 10 1940, to October 5 1940 and that I last saw him alive on October 5th 1940

Immediate cause of death Chronic Myocarditis — DURATION one 5 months

Due to Gangrene of right foot — one 2 months

Due to Generalyzed Arteriosclerosis — before 1940

Other conditions Senile Dementia — before 1940

(Include pregnancy within 3 months of death)

Major findings of operations No

Date of op.

Autopsy results As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp M. D. or other

Address Catonsville, Md. Date signed 10/5/1940

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NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92L)

10369

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto

City or town: Pasadena (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Pasadena Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hamilton Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary E. Freund

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Charles A. Freund

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 5th 1855

8. AGE: Years	Months	Days	If less than one day
85	2	5	hrs. min.

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER — 12. Name: J. M. Herrmann

13. Birthplace: Germany

MOTHER — 14. Maiden name: Eva Stenglein

15. Birthplace: Germany

16. Informant: Chas. Freund

Address: Hamilton Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 13th 40 (month) (day) (year)

Cemetery or crematory: Zion Lutheran

Location: Balto. Co. Md.

18. Funeral director: Lassahn Funeral Home

Address: 7401 Belair Rd.

19. 10/12 1940 Mr. G. A. Fritz (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 10th 1940, at 8:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20 - 1940, to Oct - 10 - 1940, and that I last saw h alive on Oct - 9 - 1940.

Immediate cause of death	DURATION
Coronary Sclerosis - with mitral insuff. (Rheumatic)	
Due to Arteriosclerosis -	
Due to	
Other conditions Acute Cholecystitis -	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. B. Boyle, M. D. (M. D. or other)

Address: 5309 - Harford Rd Date signed: 10/11/40

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NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

10370

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Sparrows Point.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 6916. North Point Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days): —

(e) Length of stay in this community (yrs., mos., or days): Life.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Balto.

(c) City or town: Sparrows Point.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 6916 North Point Rd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** (MALE FOETUS) FRIESNER.

3 (b) If veteran, name war: —

3 (c) Social Security No.: —

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct. 14. 1940.

8. **AGE:** Years: Stillborn. Months: . Days: . If less than one day: ____ hr. ____ min.

9. Birthplace: Balto Co. Sparrows Pt. Md
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER 12. Name: Joseph Michael Friesner

FATHER 13. Birthplace: Balto, Md.

MOTHER 14. Maiden Name: Eva Mary Sakowski.

MOTHER 15. Birthplace: Detroit. Mich.

16 (a) Informant: Eva Sakowski Friesner

(b) Address: as above.

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof Oct. 15. 1940 (month) (day) (year)

(c) Cemetery or crematory: Private. Location: Sparrows Point. Md.

18 (a) Funeral director: none.

(b) Address: c/o Dr. Tollin.

19 (a) Oct 15-40 (Date rec'd by registrar) (b) Dawson T. Harbin Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 14 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1940, to ____ 19____, and that I last saw him alive on Oct 14 1940.

Immediate cause of death	Duration
Stillborn	
Due to Prematurity (2½ months pregnancy)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. **Signature** Louis N. Tollin M.d (M. D. or other)

Address Sparrows Pt Md Date signed 10/15/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

10371

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH:

County: Baltimore

City or town: Glencoe R.F.D. (Butler)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 19 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Glencoe RFD (Butler) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Mary Catherine Geesey

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Augustus M. Geesey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 19, 1854

8. AGE: Years: 86 Months: 2 Days: 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Michael Roberts
13. Birthplace: Frederick Co., Md.

MOTHER
14. Maiden name: Mary Jackson
15. Birthplace: Frederick Co., Md

16. Informant: Mr. M. E. Geesey
Address: Glencoe, Balto. Co., Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 25, 1940 (month) (day) (year)

Cemetery or crematory: Utica Church

Location: Frederick Co., Maryland

18. Funeral director: Landon M. Brooks
Address: Sparks, Md.

19. October 24 1940 (Date rec'd by registrar) Eugene F Alban Dept Soc Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 22nd 1940, at 10.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13th 1940, to Oct 22 1940 and that I last saw her alive on Oct 21st 1940.

Immediate cause of death: Chronic myocarditis — DURATION: 2 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: "No autopsy"

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: D M Resh M D
M. D. or other
Address: Hampstead Md Date signed 10/23/40

1940
86
1854

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-d

10372

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto.

City or town Stemmers Run
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Stemmers Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Back River Neck Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME W. Reese Gillespie

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella M. Strong

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15th 1870

8. AGE:

Years	Months	Days	If less than one day
69	11	9	hrs. min.

9. Birthplace Balto Co. Md
(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business trucker

FATHER
12. Name J. M. Gillespie
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden name Emilie Price
15. Birthplace Balto. City Md.

16. Informant Ella M. Gillespie
Address Back River Neck Rd.

17. Burial Date thereof Oct. 28th 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood

Location Balto. City

18. Funeral director Lassahn Funeral Home
Address 740 Belair Rd.

19. Oct 25 1940 Harry Wall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24th 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 - 35, to Oct 24 1940, and that I last saw him alive on Oct 24 1940.

Immediate cause of death Ch. Valvular Heart disease.

Due to Bronchial asthma (Cardiac)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry Wall
M. D. or other

Address Middle River Date signed 10/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1940
U. S. CLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 42

10373

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town English Consul (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Daisy Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town English Consul (If outside city or town limits, write RURAL and give town)

(d) Street No. Daisy Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas S. Gosnell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1847

8. AGE: Years 92 Months 11 Days 18 If less than one day hr. min.

9. Birthplace near Sykesville, Carroll Co., Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Perry Gosnell

13. Birthplace Carroll County, Md.

MOTHER 14. Maiden Name Susan Brown

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. J. A. Holland

(b) Address Daisy Avenue, English Consul, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Baltimore, Md.

18 (a) Funeral director [signature]

(b) Address 1003 W. Baltimore St.

19 (a) Oct 3 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death October 2 1940, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939, to Oct 2 1940, and that I last saw him alive on Oct 1 1940.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

Due to Chronic Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: Instant 3 yrs. 6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond S. Glauner M. D. or other

Address 2708 Hollins Ferry Rd Date signed Oct 8/40

VS. A15 (J)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 41

CERTIFICATE OF DEATH

10374

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Baltimore.
(b) City or town Dundalk. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 7352 Manchester Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 16 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7352 Manchester (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Stanley Grochowski.

3 (b) If veteran, name war Worlds War. 3 (c) Social Security No. 213-09-1581

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Frances
6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 28. 1892

8. AGE: Years	Months	Days	If less than one day
48	4	7	____ hr. ____ min.

9. Birthplace Philadelphia. Pa (Town, county, and state)
10. Usual occupation Stydm boiler operator
11. Industry or business Steel mill.

FATHER
12. Name Vincent Grochowski
13. Birthplace Poland.

MOTHER
14. Maiden Name Rosalie
15. Birthplace Poland.

16 (a) Informant Frances Grochowski
(b) Address as above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozgowski
(b) Address 1930 Eastern Ave.

19 (a) Octobr 7th 1940 (Date rec'd by registrar) (b) Milton M Emerson Local Reg't Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 5 1940, at 7.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Oct 5 1940.
and that I last saw him alive on Oct 5 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	32 hrs.
Due to Hypertensive cardio	
Due to Vascular disease	3 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Sollen M.D. (M. D. or other)
Address Sparrows Point. Date signed 10/5/40

Swanson Pharmacy
Willow Spring
Rd

RECEIVED
OCT 11 1940
BUREAU A. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

10375

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Glyndon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 229 Central Ave. Glyndon
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Glyndon, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 229 Central Ave. Glyndon.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rebecca Grover Halbert.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (dont Know) Halbert
6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 1876

8. AGE: Years	Months	Days	If less than one day
64	2		hrs. min.

9. Birthplace Long Green, Md. (Town, county, and state)
10. Usual occupation Companion Home Keeper
11. Industry or business

FATHER
12. Name David Grover
13. Birthplace Long Green, md.

MOTHER
14. Maiden name Isabelle Brown
15. Birthplace Penn.

16. Informant Mrs Agnes Burgan
Address 4316 Frankford Ave, Balto.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 2, 1940 (month) (day) (year)
Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18. Funeral director Wm. Berry May & Sons
Address Reisterstown, md.

19. Nov. 2 19 40 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 19 40, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-29 1937, to 10-31 1940, and that I last saw her alive on 10-31- 1940.

Immediate cause of death	DURATION
Chronic Nephritis	1 yr.
Intestinal Obstruction	5 da.
Due to Fecal Impaction?	10 da.
Due to	
Other conditions Diabetes Mellitus	6-8 yrs.
arterio-sclerosis	5-6 "

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury None. Injured at work?

23. SIGNATURE D. D. Eagles M.D.
M. D. or other
Address Reisterstown, Md Date signed 11-2-'40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 44

50 **CERTIFICATE OF DEATH** 10376

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Essex (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Stemmers Run & Race Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Stemmers Run & Race Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Geo. C. Hammerbacher

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Mary Baker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 - 1865

8. AGE: Years 75 | Months 8 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md, (Town, county, and state)

10. Usual occupation Bricklayer

11. Industry or business

FATHER 12. Name Geo. Hammerbacker

FATHER 13. Birthplace Balto Md.

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Md.

16 (a) Informant Mrs Chas. Hammerbacher

(b) Address Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave Rd

18 (a) Funeral director John G. Connelly

(b) Address Essex Md

19 (a) 10-25-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 19 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1940, to Oct 19 1940, and that I last saw him alive on Oct 19 1940.

	Duration
Immediate cause of death Acute Myocardial Failure	1 day
Due to Arteriosclerotic Cardiovascular Disease	0
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Baumgardner M. D. or other

Address Raspeburg Md Date signed 10/19/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 31 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10377

30

1. PLACE OF DEATH (92d)

County Baltimore Registration Dist. No.

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Hawkins If U.S. Veteran specify WAR

(a) Residence: No. 23 Rich Av St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Hawkins

6. DATE OF BIRTH (month, day, and year): Nov. 22, 1872

7. AGE: Years 67 Months 9 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Edward Harriday

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER

15. MAIDEN NAME: Jennie Valintine

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Mr Richard Hawkins 23 Rich Av

18. BURIAL, CREMATION, OR REMOVAL Place: Delta, Md. Date: Oct 5, 1940

19. UNDERTAKER (Address): Mrs Frances A. Hemsley 545 W. Biddle St.

20. FILED: 10/5, 1940 H. C. Andrew Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to Oct 3, 1940

I last saw her alive on Oct 3, 1940; death is said to have occurred on the date stated above, at 6.30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio Valvular Disease and Fibromata Uteri

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. Woolridge M. D.

(Address) 703 W. Lafayette

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 9 1940
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10378

44

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto

City or town: Middle River

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Middle River

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Hampden Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Michael A. Heine

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	married.

6.(b) Name of husband or wife: Eleanore (Nagle)

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 28 - 1865

8. AGE: Years	Months	Days	If less than one day
75	1	12	hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Express Co

11. Industry or business: Gen

FATHER 12. Name: Michael Heine

FATHER 13. Birthplace: Germany

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Germany

16. Informant: Mrs. Eleanore Heine

Address: Middle River Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 - 12 - 40 (month) (day) (year)

Cemetery or crematory: Moreland

Location: Taylor Ave.

18. Funeral director: John G. Connelly

Address: Essex Md.

19. 10 - 12 - 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 9th 1940 at 9 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 1939, to Oct 9 1940

and that I last saw h. alive on Oct 9 1940

Immediate cause of death	DURATION
Acute pulmonary edema	24 hrs.
Due to: Cardiac decompensation	1 yr.
Due to: Arteriosclerotic Cardio-vascular disease	years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George L. Sims M.D. M. D. or other

Address: Essex, Md. Date signed 10/15/40

RECEIVED
OCT 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10379

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Reisterstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
Mount Pleasant
How long in hospital or institution? 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 240 S. Collington Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: JOSEPH HERDOCK (Herda)

3.(b) Social Security Number: 215-10-0427 ~~none~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: none
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 15, 1915

8. AGE: Years	Months	Days	If less than one day
25	0	25	hrs. min.

9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business:

FATHER
12. Name: John Herdock
13. Birthplace: Poland

MOTHER
14. Maiden name: Anna Kuzanowska
15. Birthplace: Poland

16. Informant: Deceased
Address: same

17. (Burial, cremation, or removal. Which?) Burial Date thereof: Oct. 14 40 (month) (day) (year)
Cemetery or crematory: Holy Rosary
Location: Baltimore
18. Funeral director: Fred W. Ozarowski
Address: 1930 Eastern Ave.

19. (Date rec'd by registrar) Oct. 11 1940 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10 1940, at 6.23 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939 to Oct. 10 1940 and that I last saw him alive on Oct 10 1940

Immediate cause of death	DURATION
Chronic Pulmonary Tuberculosis	unknown
Due to:	
Due to:	
Other conditions: Tuberculous spondylitis	unknown

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D.
Address: Mt. Pleasant Reisterstown Md Date signed: Oct 10, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(74a)

10380

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Barrison Pt. Rd Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Alfred Hudnet Farm
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Essex Barrison Pt. Rd. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Middle River
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Charles Herman

3. (b) Social Security Number: 213-01-0597

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Margaret Herman
6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): May 17 - 1885

8. AGE: Years: 55 | Months: 4 | Days: 15 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Watchman

11. Industry or business: Crown Cork & Seal Co.

FATHER
12. Name: Sebastian Herman
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Entenmann
15. Birthplace: Germany

16. Informant: Mrs. Mueller
Address: Twin River Beach.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 7-40 (month) (day) (year)
Cemetery or crematory: Sacred Heart
Location: Gorman Hill Rd.

18. Funeral director: John G. Connelly
Address: Essex Md.

19. Oct. 7- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

H. M.

20. DATE OF DEATH: Oct. ~~8th~~ 2nd 1940, at 7:20 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and ~~that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. T. O. Mrs Leroy M Cr. M. D. or other
Address: Overlea Md Date signed: 10-2-40

612 N Mason St W H Edwin
Bwd 1381 W

Crown Cork Seal
Wadsworth

RECEIVED
OCT 8 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 33

10381

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Reisterstown, Md (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in this community (yrs., mos., or days) 28 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Reisterstown, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural - Cockeys Mill Rd
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dorothy May Hickmon

3 (b) If veteran, name war No

3 (c) Social Security No. None.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife None

6. (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) 10-25-'40.

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 0 hr. 0 min.

Born dead.

9. Birthplace Reisterstown, Md
(Town, county, and state)

10. Usual occupation None.

11. Industry or business None.

FATHER
12. Name Wm. Hickmon
13. Birthplace Md. (b.c.)

MOTHER
14. Maiden Name Martha May Merkel
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs Martha Hickmon
(b) Address Reisterstown, Md.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 10 (month) 26 (day) 40 (year)

(c) Cemetery or crematory Asbury Cem.

Location Reist

18 (a) Funeral director Father - Wm. Hickmon

(b) Address

19 (a) Oct. 26-1940 (Date rec'd by registrar) (b) J. Paul [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Anti partum 1940, at ____ M

21. I certify that death occurred on the date above stated, that I attended deceased from Still born 1940, to 10-25 1940, and that I last saw him alive on Stillborn 10-25 1940.

Immediate cause of death Still-born - Suffocation?

Due to Cord around neck

Due to

Other conditions None.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None.

Duration: unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence None.

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? ____

(e) Means of injury None

23. Signature D. D. Caples, M. D.
M. D. or other

Address Reisterstown, Md Date signed 10-26-'40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10382

Reg. Diat. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Randallstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Garrison Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Railroad Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Hodge

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10 1940

8. AGE: Years | Months | Days | If less than one day: hrs. 0 min.

9. Birthplace Randallstown Balto Co Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Clinton Charles Hodge

13. Birthplace Maryland

MOTHER 14. Maiden name Bertha Allen Lee

15. Birthplace Garrison Maryland

16. Informant Clinton C Hodge

Address Garrison Maryland

17. Burial Date thereof Oct 11 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director none

Address

19. Oct 11 1940 Wm E Martin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Premature birth	
6 months	
Due to Stillborn	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other

Address Randallstown Md Date signed Oct 11 1940

RECEIVED
NOV 4 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (55-E)

CERTIFICATE OF DEATH

10383

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 2817 Alden Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3304 Richmond Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank N. Hunt, Sr.

3. (b) Social Security Number 212-09-7869

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edna M. Hunt
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th, 1887

8. AGE:

Years	Months	Days	If less than one day
53	4	17	hrs. min.

9. Birthplace Balto. County, Md. (Town, county, and state)
10. Usual occupation Machinist
11. Industry or business Crown, Cork & Seal Co.

FATHER
12. Name Wm. H. Hunt
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden name Sarah A. Pierce
15. Birthplace Balto. Co., Md.

16. Informant Mrs. Edna M. Hunt,
Address 3304 Richmond Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 19, 1940 (month) (day) (year)
Cemetery or crematory Parkwood
Location Balto. City Md.

18. Funeral director Loeschen Funeral Home
Address 7401 Belair Road

19. 10/18 1940 A. M. Bacon
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16th, 1940, at 3:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to 10/16 1940, and that I last saw him alive on 10/16 1940.

Immediate cause of death Carcinoma of Parotid Gland (Rt.)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Nyland Golley M. D. or other
Address 5103 Harford Rd. Date signed 10/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (9402)

CERTIFICATE OF DEATH

10384

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Poplar Beach, Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Poplar Beach
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wesley Jackson

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elsie Jackson
6(c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.): Jan 23, 1892

8. AGE: Years 48 | Months 8 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Frank Novak Co.

FATHER
12. Name: Daniel A. Jackson
13. Birthplace: Md.

MOTHER
14. Maiden name: Ida E. Robenstein
15. Birthplace: Md

16. Informant: Viola R. Miller
Address: 840 W 35th St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 5-40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Calvin Cemetery
Location: Balto Co. Md

18. Funeral director: Chenoweth & Donovan
Address: 3615-17 Chestnut Ave

19 Oct. 2 1940 (Date rec'd by registrar) John J. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 2nd 1940, at 5-45 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, ~~and that I last saw h~~ ___ alive on ___ 19___.

Immediate cause of death: Coronary
Due to: Occlusion
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. P. O. Myse Dep M Tex
M. D. or other
Address: Pikesville Md Date signed 10-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

10385

Reg. Diat. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Fullerton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Fullerton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Belair Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War 1st

3. (a) FULL NAME Frederick W. Krastel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna R. Kreiber
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 3rd 1892

8. AGE: Years	Months	Days	If less than one day
48	1	22	____ hrs. ____ min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual occupation Truck farmer
11. Industry or business
FATHER 12. Name Edward Krastel
13. Birthplace Balto Co. Md.
MOTHER 14. Maiden name Florence Hausknecht
15. Birthplace Balto. Co. Md.
16. Informant Anna R. Krastel
Address Belair Rd. & Litch Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 28th 40 (month) (day) (year)
Cemetery or crematory Parkwood Cem.
Location Balto. City
18. Funeral director Lassahn Funeral Home
Address 7401 Belair Rd.
19. 10/26 (Date rec'd by registrar) 1940 Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25th 1940, at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to Oct 25 1940, and that I last saw him alive on Oct 24th 1940.

Immediate cause of death	DURATION
Melanosarcoma	
Due to with general metastasis	9 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Albert G Webster md. M. D. or other
Address 6409 Belair Rd Date signed Oct 26/40

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48-B) Reg. Dist. No. 31

CERTIFICATE OF DEATH

10386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Liberty and Old Court Roads

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)

(d) Street No. Liberty and Old Court Roads (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mary Ellen Krider

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1872

8. AGE: Years	Months	Days	If less than one day
68	7	?	____hr. ____min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name Jacob Krider

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Kirk

MOTHER 15. Birthplace Maryland

16 (a) Informant Mr. Elmer Krider

(b) Address Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive Cemetery

Location Randallstown, Md.

18 (a) Funeral director [illegible]

(b) Address 1003 W. Baltimore St.

19 (a) Oct 18 1940 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death October 17 1940, at 5.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Oct. 17, 1940, and that I last saw him alive on Oct. 16, 1940

Immediate cause of death	Duration
Carcinoma of uterus	9 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm E Martin M. D. or other

Address Harrisonville, Md. Date signed 10/17/40

RECEIVED
NOV 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10387

Reg. Diat. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Balto Co Md.

City or town: Rosedale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old Philadelphia Rd.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Rosedale Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Old Philadelphia Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME

Frederick C. Knotts

3. (b) Social Security Number

—

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Anna J. Knotts

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22nd 1870

8. AGE: Years	Months	Days	If less than one day
70	5	11	hrs. min.

9. Birthplace: Balto Co. Md.

(Town, county, and state)

10. Usual occupation: Florist

11. Industry or business: retail

FATHER 12. Name:

13. Birthplace:

MOTHER 14. Maiden name:

15. Birthplace:

16. Informant: Miss Knotts

Address: Rosedale Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 5th 1940 (month) (day) (year)

Cemetery or crematory: Zion Lutheran

Location: Balto Co.

18. Funeral director: Lassahn Funeral Home

Address: 7401 Belair Rd.

19. 10/4 1940 Mrs. G. A. Fritz

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 3rd 1940, at 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1939, to Oct 3 1940,

and that I last saw h[illegible] alive on Oct 2 1940.

Immediate cause of death	DURATION
Cardiac Arrhythmia	2 hrs.
Due to	
Due to (Cardiac Renal) Vascular Disease	7 yr.
Other conditions: ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C W Meyer M.D.

M. D. or other

Address: 1520 E. 33rd Date signed: 10/31/40

RECEIVED
NOV 1 1940
M. C. C. U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10388

46-B

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 4 4

Village or City Essex No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? 38 yrs. mos. ds.

2. FULL NAME Katherine Krzeszowiec (Walach) If U. S. Veteran, specify WAR

(a) Residence: No. 403 Marlyn Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Krzeszowiec

6. DATE OF BIRTH (month, day, and year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

FATHER

13. NAME ? Walach

14. BIRTHPLACE (city or town) Poland (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Mr. John Krzeszowiec

(Address) 403 Marlyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Oct. 12, 1940

19. UNDERTAKER Mary Welber

(Address) 401 S. Chester St Baltimore Md

20. FILED Oct. 9, 1940 J. T. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 9 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 1st 1940, to October 9 1940

I last saw her alive on October 9 1940; death is said to have occurred on the date stated above, at 11:00 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938

Other **Contributory Causes** of Importance:

Name of operation — Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J. J. White M. D.

(Address) 1610 Eastern Ave, Baltimore, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1572)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Sparrow's Point (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Sparrow's Point (If outside city or town limits, write RURAL and give nearest town)

Street No. 1256 Beechwood Rd (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Wayne Joseph Lee

3. (b) Social Security Number

4. Sex: male

5. Color or race: wht

6.(a) Single, married, widowed, or divorced: Infant

6.(b) Name of husband or wife

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1940

8. AGE: Years | Months | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace Sparrow's Point Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name Marvin M. Lee

13. Birthplace Texas

MOTHER: 14. Maiden name Louise E. Greenholtz

15. Birthplace Virginia

16. Informant Marvin M. Lee

Address 1256 Beechwood Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17, 1940 (month) (day) (year)

Cemetery or crematory Rider Cem

Location Westminster

18. Funeral director Hunward J. Covington

Address 21 W. 25th St. Balto. Md

19. Oct 16 1940 (Date rec'd by registrar) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 - 1940, to Oct 14 - 1940 and that I last saw him alive on Oct 14 - 1940

Immediate cause of death: Circulatory failure — DURATION: 1 day

Due to: Patent foramen Ovale ?

Due to:

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE Dawson L. Harber M. D. or other

Address Sparrow's Point Date signed Oct 16-40

VS A15 (T) MARGIN RESERVED FOR BINDING (M) (C)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940

Dr Hou
115-F

10390

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, institution, or street address where death occurred: Nursing Home Opitz

How long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3301 Cliftmont Ave
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Wilhelmina Loose (LOOSE)

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife Theodore

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 10 1854

8. AGE: Years 86 | Months 0 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Brunk
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Germany

16. Informant Caroline Tillery

Address 3301 Cliftmont Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 15, 1940 (month) (day) (year)

Cemetery or crematory Schwartz

Location Baltimore

18. Funeral director William Cook

Address 1217 St Paul St

19. 10/13 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Regist

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at 1.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Oct 13 1940 and that I last saw her alive on Oct 12 1940

Immediate cause of death	DURATION
Chr Cardio Renal Disease with Ascites	3 yrs
Due to	
Due to Arterio Sclerosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James [signature] M. D. or other

Address Catonsville Date signed 10/13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-d

Reg. Dist. No. 4 4

10391

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Bengies (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Luthardt's Rd. & Carroll Island Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 38

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Bengies (If outside city or town limits, write RURAL and give town)
(d) Street No. Luthardt's Rd. & Carroll Island Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jacob Frederick Luthardt.

3 (b) If veteran, name war

3 (c) Social Security No. --

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Henrietta M. Luthardt

6. (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1859

8. AGE: Years 81 | Months 7 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Shore Owner

11. Industry or business

FATHER
12. Name Lawrence Luthardt
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Kull
15. Birthplace Holland

16 (a) Informant Mrs. Luthardt,
(b) Address Bengies, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Balto., Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) Oct 5 40 (Date rec'd by registrar) (b) J. K. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 5 1940, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Oct 5 1940, and that I last saw him alive on Oct 5 1940.

	Duration
Immediate cause of death Cerebral apoplexy.	1 day
Due to Arteriosclerotic Cardio vascular disease	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the causs to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other
Address Rosedale Md. Date signed Oct 6/40

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NOV 6 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10392

30

V. S. No. 1 (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131-a)

County Balto Co — Registration Dist. No.

Village or City N. Bend — No. 648 N. Bend Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Catherine Malia — If U. S. Veteran, specify WAR

(a) Residence: No. 648 N. Bend Rd. St., Ward. (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 15. 1873

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md. (State or country)

FATHER

13. NAME Patrick Malia

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Margaret Curran

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Michael Duffy

(Address) 1519 E. Fort ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cathedral Cem. Date Oct 8, 1940

19. UNDERTAKER Margaret A. Flynn

(Address) 1422 Light St.

20. FILED 10—7, 1940 H. C. Andrews Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY. That I attended deceased from June, 1940, to October 5, 1940

I last saw her alive on October 5, 1940; death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	June 1940
Other Contributory Causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? Urine Analysis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) L. A. Lally M. D.

(Address) 3517 Edmondson ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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OCT 12 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

10393

Reg. Dist. No. 44

1. PLACE OF DEATH: Baltimore
County
City or town Sparrow's Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town ~~Sparrow's Point~~ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3408 Esther Place
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Markley

3. (b) Social Security Number 213-07-9495

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband~~ or wife Carrie G
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Nov 18, 1885

8. AGE: Years 54 | Months 11 | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Lewistown Pa
(Town, county, and state)
10. Usual occupation Steel Moulder
11. Industry or business Beth. Steel Co
FATHER
12. Name Charles C Markley
13. Birthplace Lewistown Pa
MOTHER
14. Maiden name Laura N Gantz
15. Birthplace Pa
16. Informant Carrie Markley
Address 3408 Esther Place
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 21/40 (month) (day) (year)
Cemetery or crematory St Marks Lewistown Pa
Location Lewistown Pa
18. Funeral director Wm Lewis
Address 1217 St Paul St
19. Oct 18 1940 (Date rec'd by registrar) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18th 1940, at 2 P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~___ 19___, to ___ 19___,~~
~~and that I last saw h___ alive on ___ 19___.~~

Immediate cause of death Coronary thrombosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

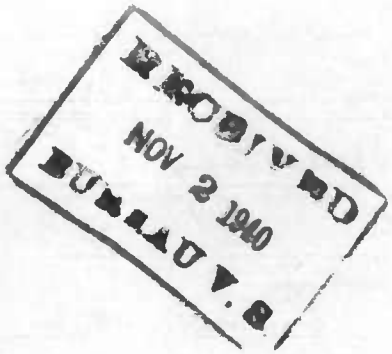
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. E. Myer Dep. M. Ex. M. D. or other
Address Pikesville Md Date signed 10.18.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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NOV 2 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10394

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
County: Baltimore
City or town: Parkville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balts Co.
City or town: Parkville P.O.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3029 Willoughby Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Annie Mavers

3.(b) Social Security Number

4. Sex: F
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Charles
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Jan 1 - 1869
8. AGE: Years: 71 Months: 9 Days: 1 If less than one day ..... hrs. ..... min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: -
FATHER 12. Name: Niklas
13. Birthplace: Germany
MOTHER 14. Maiden name: Unknown
15. Birthplace: Germany
16. Informant: Mrs George Friend
Address: 3029 Willoughby Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 5 - 40 (month) (day) (year)
Cemetery or crematory: Parkwood Cem
Location: Parkville
18. Funeral director: William Cook
Address: 1217 St Paul St.
19. Oct. 2 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 2- 1940, at 3 39 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 8 1940, to Oct 2 1940
and that I last saw h.e.r. alive on Oct 2 1940
Immediate cause of death: Chr myocarditis — DURATION
Due to:
Due to:
Other conditions: -
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Harold H Burns M.D.
M. D. or other
Address: 8100 Harford Rd Date signed: Oct 2, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (131-a)

Registered No. 41 10395

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 65 Liberty Pkwy

(c) Hospital or institution: Dundalk, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 65 Liberty (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Carlton McCormick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 - 1868

8. AGE: Years 72 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name James McCormick

13. Birthplace Maryland

MOTHER

14. Maiden Name Mary Ann Forkey

15. Birthplace Maryland

16 (a) Informant Helen Merritt

(b) Address Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Balt National Cemetery

Location Frederick Rd.

18 (a) Funeral director Frank H. Marly

(b) Address Ellicott Md.

19 (a) 10/21/40 (Date rec'd by registrar) (b) Milton H. Munson Local Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1940, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to Oct 20 1940 and that I last saw him alive on Oct. 19 1940.

Immediate cause of death Arterio-Sclerotic C-V-R Disease

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 7 Mos ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J W B Davis

Address Dundalk Md Date signed 10/21/40 M. D.

VS 3

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OCT 24 1940
BUREAU V. S.

10396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55-16

CERTIFICATE OF DEATH

Reg. Dist. No. 98

1. PLACE OF DEATH:
County Balto
City or town 3008 California Ave
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3008 California Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Charles McLaughlin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife Aug. 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 3 1859

8. AGE: Years	Months	Days	If less than one day
81			hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation unknown
11. Industry or business

FATHER
12. Name Thomas McLaughlin
13. Birthplace Ireland

MOTHER
14. Maiden name Sarah Travers
15. Birthplace Unk.

16. Informant Sarah Smith
Address 3008 California Ave

17. (Burial, cremation, or removal. Which?) Date thereof 11-1-40 (month) (day) (year)
Cemetery or crematory Oakland
Location
18. Funeral director Leonard J. Ruck
Address 6305 Harford Road
19. Oct 31 1940 (Date rec'd by registrar) A. M. Bacon — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1940, at 1.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1940, to Oct 30 1940
and that I last saw h. l. m. alive on Oct 30 1940

	DURATION
Immediate cause of death Cancer of Neck	5 years
Due to	
Due to	
Other conditions Secondary anemia	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harold H. Burns M. D. or other
Address 8100 Harford Rd. Date signed Oct 31, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57E)

10397

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Balto

City or town: Rosedale Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Rosedale Ave near Gov. Nice Highway

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Rosedale
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rosedale Ave near Gov Nice Highway
(If rural, give LOCATION)

2.(a) If veteran, name war: No Record

3. (a) FULL NAME: George Meisel

3. (b) Social Security Number: 216-03-4810

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Katherine Meisel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 23rd 1891

8. AGE:

Years	Months	Days	If less than one day
48	9	12	..... hrs. ..... min.

9. Birthplace: Balto City Md.
(Town, county, and state)

10. Usual occupation: Mattress Maker

11. Industry or business: Heller Bros.

FATHER
12. Name: George Meisel
13. Birthplace: Germany

MOTHER
14. Maiden name: Theresa Panzer
15. Birthplace: Germany

16. Informant: Katherine Meisel

Address: Rosedale Ave - Rosedale Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 10/8/40 (month) (day) (year)

Cemetery ~~or crematory~~: Holy Redeemer

Location: Balto. Md.

18. Funeral director: William Cook

Address: 1217 St. Paul St

19. Oct 7th 1940 (Date rec'd by registrar) John G Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 5 1940 at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Oct 5 1940 and that I last saw him alive on Oct 5, 1940

Immediate cause of death: Massive Post extraction Oral Hemorrhage

Due to: Extraction of teeth

Due to:

Other conditions: Subacute Arthritis

(Include pregnancy within 8 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Chas. Marsh M.D. M. D. or other

Address: 801 N Luzerne Date signed: Oct 7 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 170-C

CERTIFICATE OF DEATH

10398

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Balto
City or town: Govans Towson Sta
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 906 Overbrook Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3616 Glen Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs Alice Middleman

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Benjamin
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1882

8. AGE: Years: 58 | Months: | Days: | If less than one day: ____ hrs. ____ min.

8. Birthplace: Balto Md.
(Town, county, and state)

10. Usual occupation: House Work.

11. Industry or business

FATHER
12. Name: William Baldwin
13. Birthplace: Balto County

MOTHER
14. Maiden name: Mary Morrow
15. Birthplace: Grafton W. Virginia.

16. Informant: Benjamin Middleman
Address: 3616 Glen ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 14/40 (month) (day) (year)
Cemetery or crematory: Balto. Hebrew Cemetery
Location: Belair Rd.

18. Funeral director: Sol Levenson & Bros
Address: 1124-26 W North ave

19. 10/12 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 12th 1940, at about 3 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ____ 19__, to ____ 19__, ~~and that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death: Auto accident, highway
Due to: fractured skull
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of: 10-12-40
Where did injury occur? Govans (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?): highway
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: W. T. O. Myse Leroy M. Rex M. D. or other
Address: Pikesville Md Date signed: 10-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. M.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W)

10399

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Westchester Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Westchester Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Catherine Amelia Moore

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Daniel Webster Moore

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Apr. 9, 1873.

8. AGE:

Years	Months	Days	If less than one day
67	5	23	..... hrs. ..... min.

9. Birthplace: Dayton, Maryland
(Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: Wm N. Wiles
13. Birthplace: Maryland

MOTHER
14. Maiden name: Darkey Johnson
15. Birthplace: Maryland

16. Informant: Mr. D. W. Moore
Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-9-40 (month) (day) (year)

Cemetery or crematory: Good Shepherd

Location: Rockland, Md.

18. Funeral director: F. C. Higinbotham Jr.
Address: Ellicott City Md.

19. 10-9 1940 (Date rec'd by registrar) H C Andreal Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 6 1940, at 2 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to Oct 6 1940 and that I last saw her alive on Oct 6 1940

Immediate cause of death	DURATION
Pernicious Anemia	14 yrs
Polycythemia	3 yrs
Due to Diabetes due to Pancreatitis	12 yrs
Cerebral Hemorrhage	3 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results: above -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Ellicott City Md. Date signed: 10/8/40

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 38

10400

CERTIFICATE OF DEATH

VS. A16 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 25 CEDAR AVENUE
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 CEDAR AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME William Mueller

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Augusta Mueller

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 10, 1872

8. AGE: Years 68 | Months 5 | Days 7 | If less than one day: ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Builder

11. Industry or business Self

FATHER 12. Name Unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace "

16 (a) Informant Mrs. Herman Mueller

(b) Address 25 Cedar ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1940 (month), (day), (year)

(c) Cemetery or crematory Maryland Memorial Park

Location Parkville, Md.

18 (a) Funeral director John Burns Sons

(b) Address Towson, Md.

19 (a) Oct 18 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death OCT. 17, 1940, at 10:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1940, to Oct. 17 1940, and that I last saw him alive on Oct. 17 1940.

	Duration
Immediate cause of death Apoplexy	6 days
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. A. Sedlacek M.D. (M. D. or other)

Address Towson, Md Date signed 10/18/40.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10401

Reg. Diat. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Back River Neck Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Irene Grace Nadolny

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	married

6.(b) Name of husband or wife: Joseph Nadolny
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 7th 1894

8. AGE:

Years	Months	Days	If less than one day
46	8	5	..... hrs. ..... min.

9. Birthplace: Carlyle, Pa.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: "
15. Birthplace: "
16. Informant: Mr. Joseph Nadolny
Address: Essex Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-15-40 (month) (day) (year)
Cemetery or crematory: St Stanislaus Cem.
Location: O'Donnell St. Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 10-13- 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 12th 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Oct. 1940
and that I last saw her alive on Oct 5 1940

Immediate cause of death	DURATION
Hemorrhages from uterus, repeated	1 yr
Due to Carcinoma of cervix of uterus	3 yrs
Due to	
Other conditions Cachexia	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Geo. A. Davis M.D.
M. D. or other
Address: Essex, Md. Date signed 10/15/40

RECEIVED
OCT 16 1940
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

10402

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Ellicott City P.O.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Westchester Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 YRS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County BALTIMORE
City or town ELLICOTT CITY, MD. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. WESTCHESTER AVE.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Benjamin Neal

3. (b) Social Security Number 218-09-3520

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	MARRIED

6 (b) Name of husband or wife Susie V. Neal
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 1, 1870

8. AGE:

Years	Months	Days	If less than one day
70	7	30	hrs. min.

9. Birthplace MARYLAND
(Town, county, and state)
10. Usual occupation Fireman
11. Industry or business Doughnut Machine Corp.
FATHER 12. Name Thomas Neal
13. Birthplace Maryland
MOTHER 14. Maiden name Emily Orame
15. Birthplace Maryland
16. Informant Mrs. Emma Presseh
Address Ellicott City, MD.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 11-4-40 (month) (day) (year)
Cemetery or crematory Meadowridge Memorial Park
Location Washington Blvd.
18. Funeral director EASTON SONS
Address Ellicott City, Md.
19. 11/2 (Date rec'd by registrar) 1940 Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 31 - 1940, at 11:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 1940, to 10-31 1940, and that I last saw him alive on 10-31 1940

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Arteriosclerotic Cardio Vascular Disease	1 year
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf M.D. M. D. or other
Address Ellicott City, Md. Date signed 11-2-40

RECEIVED
DEC 2 1940
BUREAU V. S.

10403

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore Md

City or town: Ruxton Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Ruxton Md
(If outside city or town limits, write RURAL and give nearest town)

~~Street No.~~ Lake Station
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Alexander C Nelson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. ~~(a) Single, married, widowed, or divorced~~: Widow

6.(b) Name of husband or wife: Late Sally T.F. Nelson

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 5th 1869

8. AGE: Years 71 | Months 3 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business: J. H. Nelson

FATHER
12. Name: J. Nelson
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Ella Delaplane
15. Birthplace: Frederick Co Md

16. Informant: Mr H B N Broome

Address: Ruxton Md

17. Buriel (Burial, cremation, or removal. Which?) Date thereof: Oct 22 1940 (month) (day) (year)

Cemetery or crematory: Greenmount Cem

Location: Baltimore Md

18. Funeral director: H M Jenkins & Son Co

Address: Orchard - Mc Colloch St

19. Oct 21 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-21 1940, at 7.50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 19__, to 10-21 1940

and that I last saw h. LM alive on 10-20 1940

Immediate cause of death	DURATION
CHR. ARTERIOSCLEROTIC VASCULAR DISEASE	1930 ?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Dorsey M. D. or other

Address: 1129 St. Paul St. Date signed: 10-21-40

VS A15 (Y) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

10404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.; 10 months; 7 days.

Hospital, institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? 4 yrs.; 10 months; 7 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2835 Bernard Street
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME
Lillian Nelson

3. (b) Social Security Number
none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow ~~Married~~

6.(b) Name of husband or wife: Edward Nelson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: About 68 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home.

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Hospital records.

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Oct 16, 1940
(month) (day) (year)

Cemetery or crematory: St. Mary's Hampden

Location: Roland Ave.

18. Funeral director: Chenoweth & Donovan

Address: 8615-17 Chestnut Ave.

19. 10/14 1940
(Date rec'd by registrar)

[signature] Registrar
Dehnly Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 13, 1940, at 9:00 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 19, 1936, to October 13, 1940 and that I last saw her alive on October 13, 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	7 days
Due to Generalized arteriosclerosis before	1935
Due to Chronic interstitial nephritis before	1935
Other conditions Epileptic psychosis "	"

(Include pregnancy within 3 months of death)

Major findings of operations: no

Date of op.

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 10-14-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 31 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10405

(83-a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. Norris Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Norris

(a) Residence: No. Norris Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Norris

6. DATE OF BIRTH (month, day, and year) May 1, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Norris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lizzetta M. Bedgar (Address) Norris Lane

18. BURIAL, CREMATION, OR REMOVAL Place Oaklawn Date Oct 14 19 40

19. UNDERTAKER Mrs. Mrs. John N. Teufel & Son (Address) 801 W. Fayette St

20. FILED 10/11/40, 19 Undetermined

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1940, to Oct 11, 1940

I last saw him alive on Oct 10, 1940; death is said to have occurred on the date stated above, at 9.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/10/40
Other Contributory Causes of Importance	?
Arteriosclerosis	
Cerebral hemorrhage with right hemiplegia	2-17-40

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. W. Feier M. D.

(Address) Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

NOV 4 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

10406

Reg. Dist. No. 39

1. PLACE OF DEATH:

County Baltimore

City or town Corbett

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Corbett Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Robert Phelps

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1891

8. AGE: Years	Months	Days	If less than one day
49	—	2	— hrs. — min.

9. Birthplace Parkersburg, Virginia (Town, county, and state)

10. Usual occupation Horticulturist

11. Industry or business —

FATHER — 12. Name William A Phelps

13. Birthplace Wytheville, Va.

MOTHER — 14. Maiden name Sally Martin

15. Birthplace Salem, Virginia

16. Informant Bertram C. Phelps

Address Corbett Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct. 21, 1940 (month) (day) (year)

Cemetery or crematory St. James

Location Monkton Md.

18. Funeral director Landon M. Broadus

Address Sparks Md

19. Oct. 19, 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1940, to Oct 18 1940, and that I last saw h- alive on Oct. 18 1940.

Immediate cause of death	DURATION
Coronary thrombosis	1 min.
Due to	
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. M. France M. D. or other

Address Parkton, Md. Date signed 10/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
M. KLAU V. 16.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

10407

Reg. Dist. No. 30

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M) MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 25 Symington Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: ALFRED E. PHILLIPS

3.(b) Social Security Number: NONE

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of ~~husband~~ or wife: Bertha M.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): July 15, 1880
8. AGE: Years: 60 Months: 3 Days: 13 If less than one day: ..... hrs. ..... min.
9. Birthplace: England (Town, county, and state)
10. Usual occupation: Real Estate
11. Industry or business: Retired
FATHER 12. Name: John Casey Phillips
13. Birthplace: England
MOTHER 14. Maiden name: Fannie E. Wilkins
15. Birthplace: England
16. Informant: Mrs. Bertha Phillips
Address: 25 Symington Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 30 1940 (month) (day) (year)
Cemetery or crematory: Meadow Ridge Cemetery
Location: Baltimore Co. Maryland
18. Funeral director: William Cooke
Address: 1217 St. Paul St.
19. 10 29 1940 (Date rec'd by registrar) H. C. Anderson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October, 27 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October, 25 1934, to Oct, 27 1940, and that I last saw him alive on Oct, 13 1940.

	DURATION
Immediate cause of death: Myocarditis, Chronic	10. yrs
Angina Pectoris.	10. ..
Due to: Arterial Hypertension.	10-12. ..
Due to: Diabetes Mellitus.	10.+..
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: 0
Date of op.
Autopsy results: None Had.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: 0 Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: S. Lloyd Johnson M.D.
M. D. or other
Address: Catonsville Md Date signed: Oct., 28, 40

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 30

10408

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 309 Harlem Lane

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 309 Harlem Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Frank F. Pierpont

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Laura S. Pierpont

6. (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) March 26, 1856

8. **AGE:** Years 84 | Months 6 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Joseph Chew Pierpont

13. Birthplace Baltimore County, Md.

MOTHER

14. Maiden Name Elizabeth Peddicord

15. Birthplace Baltimore, Md.

16 (a) Informant Miss Lillian G. Pierpont

(b) Address 309 Harlem Lane, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof October 5, 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Woodlawn, Md.

18 (a) Funeral director [signature]

(b) Address 1003 W. Baltimore St.

19 (a) 10/2/40 (Date rec'd by registrar) (b) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. Date of death October 2 1940 at 4.56 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1938, to Oct, 2 1940 and that I last saw him alive on Oct 1 1940

Immediate cause of death Uremic Coma — Duration 2 days

Due to Chronic Myocarditis & intestinal Nephritis — 10 years

Due to Arthrio-Sclerosis

Other conditions Right Hydrocele & Rt inguinal Hernia (include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nicholas W. Bonelli M. D. or other

Address 4213 Frederick Rd Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-D)

CERTIFICATE OF DEATH

10409

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Winans & Magnolia Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Winans & Magnolia Aves
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sarah Elizabeth Riggin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: Charles Wesley Riggin
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Nov 3 1876

8. AGE:

Years	Months	Days	If less than one day
63	11	8	hrs. min.

9. Birthplace: Baltimore City, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Domestic

FATHER
12. Name: Joshua Thomas Willett
13. Birthplace: Accomack Co. Va.

MOTHER
14. Maiden name: Margaret Durham
15. Birthplace: Baltimore City, Md

16. Informant: Mr. Chas. W. Riggin
Address: Winans & Magnolia Aves, Halethorpe, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 15 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Anne Arundel Co. Md

18. Funeral director: Mr. & Mrs. John W. Deufel & Son
Address: 801 W. Fayette St.

19. Oct 14 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 11 1940, at 11:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 11 1940, to Oct 11 1940, and that I last saw h-er alive on Oct 11 1940.

Immediate cause of death: Coronary Embolus — DURATION: 2 Days
Cerebral Embolus — 1 Day
Left Hemiplegia
Due to: Myocarditis — 7
Due to: Senile Arteriosclerosis
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: B. H. Brumbaugh M. D. or other
Address: Elkridge, Md. Date signed: 10/13/40

RECEIVED
NOV 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10410

1. PLACE OF DEATH (92a)

County Baltimore Registration Dist. No. 38

Village or City Towson No. 320 Lenox Av. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Essie Robinson If U.S. Veteran specify WAR

(a) Residence: No. 320 Lenox Av. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ridgeley Robinson

6. DATE OF BIRTH (month, day, and year): Feb. 15 1906

7. AGE: Years 34 | Months 8 | Days 9 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Daniel Wender

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Nettie Bond

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Bessie Scott

(Address) 320 Lenox Av.

18. BURIAL, ~~CREMATION OR REMOVAL~~: Mt Jim Cemetery

Place: Long Green Date: 10-24, 1940

19. UNDERTAKER: Mrs Frances A. Hempley

(Address) 578 W. Biddle St.

20. FILED: Oct 30, 1940 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1940, to Oct. 20, 1940

I last saw her alive on Oct 19, 1940; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Aortic Insufficiency — Date of onset: 1939

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) William L. Polk M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 1 1940 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (103 H)

CERTIFICATE OF DEATH

10411

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Putty Hill Ave Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Putty Hill Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Julia Annelia Robison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife Joseph
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 16 1909

8. AGE: Years 31 | Months 7 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Darby Penna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Frank Arnicella
13. Birthplace Italy

MOTHER 14. Maiden name Civichi
15. Birthplace Italy

16. Informant Joseph Robinson
Address 408 Poplar St. Darby Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 8th 1940 (month) (day) (year)

Cemetery or crematory Darby Penna.
Location Pengsylvania

18. Funeral director Local Geo. Marvil
Address 1110 Main St. Darby Pa

19. 10/5 1940 Mrs G A Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5th 1940, at 2 am. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__,
and that I last saw ~~h~~ ____ alive on ____ 19__

Immediate cause of death	DURATION
Suicide by gas.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 10-5-40
Where did injury occur? Parkville (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Suicide by gas Injured at work? No

23. SIGNATURE W P D. Myers Darby M Ex
M. D. or other
Address Parkville Md Date signed 10-5-40

RECEIVED
NOV 1 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-E)

10412

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Baltimore

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2017 Gwynn Oak Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2017 Gwynn Oak Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: IDA C. ROYSTON

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Charles B. Royston

B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 17, 1866

8. AGE: Years	Months	Days	If less than one day
74	2	14	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: Joseph Bonnet

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: Unknown

16. Informant: Mr. Leo Royston

Address: 2017 Gwynn Oak Avenue, Woodlawn

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/4/40 (month) (day) (year)

Cemetery or crematory: Lorraine

Location: Woodlawn, Maryland

18. Funeral director: Wm. J. Tickner & Sons,

Address: North & Pa. Avenues

19. Oct 2nd 1940 (Date rec'd by registrar) Henry A Dennis Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1, 1940, at 8 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16 1939, to Oct 1 1940, and that I last saw her alive on Oct 1 1940.

Immediate cause of death?	DURATION
Chronic Myocardial Degeneration	2 yrs
Due to	
Due to	
Other conditions Chronic Nephritis Senility (include pregnancy within 3 months of death)	3 yrs

Major findings:

Of operations: no operation

Of autopsy: no autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other

Address: Woodlawn Md. Date signed: Oct 2 1940

Dr. Armacost
Woodlawn, Md.
6419 Windsor Mill Road

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

10413

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Baltimore

City or town: Monkton, P.O. (Hereford)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Monkton P.O. (Hereford) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Lewis C. Ruhl

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Laura V. Mays

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Nov. 25, 1874

8. AGE: Years: 65 Months: 11 Days: — If less than one day: hrs. min.

9. Birthplace: Hereford, Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Contractor - Building

11. Industry or business

FATHER
12. Name: Wm. H. Ruhl
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden name: Lucinda Young
15. Birthplace: Balto. Co., Md.

16. Informant: Mrs. Alesa Bull
Address: Monkton, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct. 27, 1940 (month) (day) (year)

Cemetery or crematory: Fosters

Location: Monkton P.O. (Hereford) Md.

18. Funeral director: Landon M. Brooks
Address: Sparks, Md.

19. Oct 25th 1940 (Date rec'd by registrar) Malvin Bortner MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25 1940, to — 19 ,
and that I last saw him alive on October 25 1940.

Immediate cause of death: Acute Coronary Thrombosis —

DURATION: 45 minutes

Due to

Due to

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: T. G. de Quevedo, M.D.
M. D. or other
Address: Towson - Md Date signed: 10/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 4 4 10414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) ~~Baltimore City, Maryland~~

(b) Street address Patapsco & Poplar Chesco Park

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of ~~stay in Baltimore~~ (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County Balto.

(c) City or town Chesaco Park Essex
(If outside city or town limits, write RURAL and give town)

(d) Street No. Patapsco & Poplar Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-1503

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Wallbeck

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Sept 23. 1900

8. AGE: Years	Months	Days	If less than one day
40	1	2	hr. min.

9. Birthplace Baltimore md
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Trust Co.

FATHER

12. Name James. Sanders

13. Birthplace Penna

MOTHER

14. Maiden Name Margaret. Troy

15. Birthplace Weymouth Pa

16 (a) Informant Mrs Chas. E Sanders

(b) Address Patapsco & Poplar Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/40 (month) (day) (year)

(c) Cemetery or crematory Mouland

Location Southern Ave

18 (a) Funeral director Thos. J. Kenny

(b) Address 116 So Hoden St

19 (a) Oct 28 41 J. H. Cornelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25 1940, at 10:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1940 to 10-25 1940, and that I last saw h alive on 10-25 1940.

Immediate cause of death	Duration
Mucleal Pneumonia	2 day
Coronary arterioschlerosis	2
Due to Myocardelis	2
Due to Acute Fermenti hepatitis	2day
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address 540 n Belair Rd Date signed 10-29-40

VS 3

RECEIVED
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178-A)

CERTIFICATE OF DEATH

10415

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Frederick Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Frederick Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: OTIS TIFFANY SAUMENIG

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: ----------

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 1, 1856

8. AGE: Years	Months	Days	If less than one day
84	0	22	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: William Saumenig
13. Birthplace: Maryland

MOTHER
14. Maiden name: Catherine Gottschalk
15. Birthplace: Unknown

16. Informant: Miss Rosa Saumenig
Address: 1700 Park Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/25/40 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cem.

Location: Pikesville, Maryland

18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues.

19. 10/24 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23, 1940, at about 4 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
asphyxiation by	
Due to: Illuminating gas	
Due to: from gas stove	
Other conditions: accidents	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Oct. 23-40

Where did injury occur? Catonsville (City or town) Balt (County) Md (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: Injured at work?

23. SIGNATURE: Geo. M. Kieffer Deputy Med Exam. M. D. or other

Address: 1010 Leeds ave Date signed: Oct 23-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Keiffer,
Arbutus

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46B)

Reg. Dist. No. 41

10416

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 6734 Holabird Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days): -

(e) Length of stay in this community (yrs., mos., or days): life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Baltimore

(c) City or town: Dundalk (If outside city or town limits, writs RURAL and give town)

(d) Street No. 6734 Holabird Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? - - years

3 (a) **FULL NAME**: JOHN GEORGE SCHMEISER

3 (b) If veteran, name war: NO

3 (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie Pauline Schmeiser

6. (c) If alive, give age: 72? years

7. Birth date of deceased (mo., day, yr.): May 21.1862

8. **AGE:** Years: 78 Months: 4 Days: 29 If less than one day: ____hr. ____min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER

12. Name: George Schmeiser

13. Birthplace: Germany

MOTHER

14. Maiden Name: Lena ?

15. Birthplace: Germany

16 (a) Informant: Mrs. Katie P. Schmeiser (Wife)

(b) Address: 6734 Holabird Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 1940 (month) (day) (year)

(c) Cemetery or crematory: Mt. Carmel

Location: Baltimore Md.

18 (a) Funeral director: Henry Sander & Sons. Inc

(b) Address: North Ave. & Broadway

19 (a) 10/22/40 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death October 19 1940, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940, to Oct. 19 1940, and that I last saw him alive on Oct 18 19.40.

Immediate cause of death	Duration
Coronary Thrombosis	10 days
Due to	
Due to	
Other conditions Carcinoma of Stomach	4 Month

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Helen G. Evans, M.D. (M. D. or other)

Address 55 Dundalk Ave. Date signed Oct. 19, 1940

Dundalk

RECEIVED
NOV 4 1940
U. S. CAB V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-6)

CERTIFICATE OF DEATH

10417

Reg. Dist. No. X 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 10 days

Stay in this community (yrs., or mos., or days): 10 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: —

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 625 Radnor Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Adolph Eugene Schwahl

3. (b) Social Security Number: 216-09-0959

4. Sex: Male

5. Color or race: Wht

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adele Schwahl

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): February 22. 1904

8. AGE: Years: 36 Months: 7 Days: 27 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Lithographer

11. Industry or business: Printing Co.

FATHER
12. Name: Frederick Schwahl
13. Birthplace: Germany

MOTHER
14. Maiden name: Marie (?)
15. Birthplace: Germany.

16. Informant: Personal History - Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Cremation ~~(Burial,~~ cremation, ~~or removal. Which?)~~ Date thereof: 10/22/40 (month) (day) (year)

~~Cemetery or~~ crematory: Greenmount

Location: Balto Md

18. Funeral director: William Cook

Address: 1217 St. Paul St

19. Oct 1 1940 (Date rec'd by registrar) W. Ernest Vanton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 19 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 1940 to October 19 1940, and that I last saw h his alive on October 19 1940.

Immediate cause of death: Tuberculosis Meningitis — DURATION: Oct. 1. 1940

Due to: Pulmonary Tuberculosis — Aug. 1940

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed: 10-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
93-d

CERTIFICATE OF DEATH

10418

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Opitz Home.
City or town Edmonson Ave. Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 4 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County A. A. Co.
City or town Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Route #1 Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary A. E. Shanley
3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow.
6 (b) Name of husband or wife Thomas E. Shanley
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 28, 1847 ~~Feb. 29, 1846~~
8. AGE: Years 94 Months 7 Days 17. If less than one day ____ hrs. ____ min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name Thomas Jackson
13. Birthplace Ireland
MOTHER 14. Maiden name Mary Auburn.
15. Birthplace Baltimore.
16. Informant Capt. E. S. Addison
Address Box 215 Route 1 Annapolis, Md.
17. Burial (Burial, cremation, or removal, which?) Date thereof 10 - 19, 1940 (month) (day) (year)
Cemetery or crematory Greenmount Cem
Location Baltimore, Md.
18. Funeral director William Cook
Address 1217 St. Paul St.
19. 10/16 1940 (Date rec'd by registrar) H. Linden Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 9 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 1940, to Oct. 16 1940, and that I last saw her alive on Oct. 16th 1940.
Immediate cause of death Acute Uremia Arteriosclerotic Cardiovascular disease.
Due to Senility
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (Connty) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph E. Muse Jr. M. D. or other
Address 10715 Fredrich Ave Catonsville. Date signed 10/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of birth letter in permanent file under Maddison

4/8/41

MG

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

10419

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years, one months, 22 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 2 years, 1 month, 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2800 East Fairmount Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: George S. Shipley

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elizabeth

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 7, 1885

8. AGE: Years	Months	Days	If less than one day
55	5	14	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Cigar maker & tinsmith

11. Industry or business:

FATHER — 12. Name: James Shipley

13. Birthplace:

MOTHER — 14. Maiden name: Isabella 2

15. Birthplace:

16. Informant: Hospital Records

Address:

17. (Burial, cremation, or removal. Which?) Burial Date thereof 10/24/40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp.

Location: Catonsville Md.

18. Funeral director: Spring Grove State Hosp.

Address: Catonsville Md.

19. (Date rec'd by registrar) 10/24/40 Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23, 1940, at 11:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1, 1939, to October 23, 1940

and that I last saw him alive on October 23 1940

Immediate cause of death	DURATION
Lobar pneumonia, bilateral	2 days
Due to: General arteriosclerosis	before 1940
Due to: Chronic myocarditis	" "
Other conditions: Senile psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	" "

(Deaf and dumb.) Congenital

Major findings of operations: none

Date of op.:

Autopsy results: As above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim

Else Pappenheim, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 10-24-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10420

1. PLACE OF DEATH (61)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. 7011 Dunhill Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Augusta Smith If U. S. Veteran, specify WAR

(a) Residence: No. 7011 Dunhill Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Smith

6. DATE OF BIRTH (month, day, and year): Aug. 9, 1872

7. AGE: Years 68 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Plitt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Minnie Walter

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Adam Smith (Address) 7011 Dunhill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Schwartz Date: Oct. 5, 1940

19. UNDERTAKER: Clarence F. Hoffmann (Address) 1639 N. Broadway.

20. FILED: 10/4, 1940 Milton W. Brunelson Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 2, 1940 (Month) (Day), 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to Oct. 2, 1940

I last saw her alive on Sept 30, 1940; death is said to have occurred on the date stated above, at 2 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8-25-40
Cerebral Hemorrhage	March 1938
Diabetes Mellitus	Dec 1936

Other Contributory Causes of importance:

Diabetic Ulcer with gangrene left foot. Amputation left leg June 1940

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Reier M. D.

(Address) Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

NOV 4 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-E) Reg. Dist. No. 37

CERTIFICATE OF DEATH

10421

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Texas (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Baltimore County Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo, 29 days
(e) Length of stay in this community (yrs., mos., or days) 1 mo, 29 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Texas (If outside city or town limits, write RURAL and give town)
(d) Street No. ← (If rural give location)
If foreign born, how long in U. S. A.? ← years

3 (a) FULL NAME John G. Snider

3 (b) If veteran, name war ←

3 (c) Social Security No. ←

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Anna Schuckmann

6. (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.) Apr. 16-1859

8. AGE: Years 81 | Months 6 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Hartford Co, Maryland (Town, county, and State)

10. Usual occupation Blacksmith & Farmer

11. Industry or business

FATHER
12. Name John Snider
13. Birthplace Germany

MOTHER
14. Maiden Name Charlette ?
15. Birthplace Germany

16 (a) Informant Mrs Lewis Amerine
(b) Address Pylesville Harford Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27-1940 (month) (day) (year)
(c) Cemetery or crematory Bleyheim Lutheran Cem
Location Harford County Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson Maryland

19 (a) Oct 24 1940 (Date rec'd by registrar) (b) Wm. J. Whiteoak Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 24 1940 at 5-45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1940, to Oct 24 1940 and that I last saw him alive on Oct 20 1940

Immediate cause of death	Duration
Carcinoma - (Abdominal)	2 mo.
Due to Primary (in intestines) Cause Arterio sclerosis -	5 yrs -
Due to Senility -	
Other conditions Intestinal stenosis, on fistulation. Duration: two years. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer C. Emerson M.D. (M. D. or other)
Address Cockeysville Md. Date signed Oct 24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

10422

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
County Baltimore
City or town White Hall Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman Elmer Strahler

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Dowdy Strahler
6(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.): Aug 25 1869

8. AGE: Years 71 | Months 1 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryville Pa (Town, county, and state)
10. Usual occupation: Bagge Master on
11. Industry or business: Pa. R.R.

FATHER
12. Name: George Strahler
13. Birthplace: Pa

MOTHER
14. Maiden name: Josephine Dick
15. Birthplace: Pa

16. Informant: Mrs. H. E. Strahler
Address: White Hall Md

17. Burial (Burial, cremation, or removal/Which?) Date thereof Oct 21-1940 (month) (day) (year)
Cemetery or crematory: Wiseburg
Location: White Hall Md
18. Funeral director: P. Marklenbaum
Address: White Hall Md

19. Oct 19th 1940 (Date rec'd by registrar) Milnes Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1940, at 59 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Oct 19 1940, and that I last saw him alive on Oct 18 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 1 yr
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Milnes Bortner M.D. M. D. or other
Address White Hall Date signed Oct 19, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECD
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

10423

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County Baltimore

City or town Cockeysville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Masonic Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Towson Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 York Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah Louisa Thayer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 - 1861

8. AGE: Years 79 | Months 3 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Saleslady

11. Industry or business

FATHER
12. Name John Daniel Webster
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Elizabeth Corven
15. Birthplace London England

16. Informant Laura M. Schroeder
Address Masonic Home Cockeysville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-12-1940 (month) (day) (year)

Cemetery or crematory Loudon Pk.

Location Baltimore Md

18. Funeral director Geo. L. Boyer

Address 1512 Hollins St.

19. Nov. 2-40 (Date rec'd by registrar) Laura M. Schroeder Registrar
Dept.

Wilmer C. Ensor

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1940, at 8:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1938 to Oct 31 1940, and that I last saw her alive on Oct 30 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	1 day
Due to Arterio Sclerosis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer F. Shuttman
M. D. or other

Address 6 E Biddle St Date signed 10/31/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83b)

CERTIFICATE OF DEATH

10424

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville, (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 120 Melvin Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 120 Melvin Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME HARRY C. THOMAS

3.(b) Social Security Number 213-03-7978

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

8.(b) Name of husband or wife: Roberta C. Thomas

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): MAY 14 1884

8. AGE: Years 56 Months 4 Days 27 If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Tobacco Salesman

11. Industry or business: Hentschel Company

FATHER
12. Name: Harry Thomas
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: ETTA Eames
15. Birthplace: Unknown

16. Informant: Mrs. Roberta C. Thomas

Address: 120 Melvin Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/12/40 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons,

Address: North & Pa. Avenues

19. 10/12 1940 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1940, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Cerebral Embolism

Due to

Due to: sudden death

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Inquiry

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo M Kieffer Dep. Med. Exam of Balt. M. D. or other

Address 1010 Leeds ave Date signed Oct 11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

Dr. Kieffer
Arbutus

RECEIVED
OCT 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 44

10425

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Essex (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Upper Landing Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 22 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Essex. (If outside city or town limits, write RURAL and give town)
(d) Street No. Upper Landing Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Richard Whytock Thompson.

3 (b) If veteran, name war —

3 (c) Social Security No. 220-07-4471

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Mary A Dolan
6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1866

8. AGE: Years	Months	Days	If less than one day
74	11	27	——— hr. ——— min.

9. Birthplace Oxbow, N.Y. (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Crown Cork & Seal Co

FATHER
12. Name Malcolm Thompson
13. Birthplace Glascow. Scotland.

MOTHER
14. Maiden Name Isabelle Clink
15. Birthplace Glascow, Scotland.

16 (a) Informant Miss Viola Thompson
(b) Address Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16th 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Co. Md

18 (a) Funeral director Lasdon Funeral Home
(b) Address 7401 Belair Rd.

19 (a) Oct 15-40 (Date rec'd by registrar) (b) John B. Connelly Registrar
Oct-15-40

MEDICAL CERTIFICATION

20. Date of death Oct. 13 1940, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Oct 13, 1940, and that I last saw him alive on Oct 12 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular-renal disease	
Due to	
Uremia.	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Allen M.D. M. D. or other
Address Parkehurst Md. Date signed 10-13-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 23 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

Registered No. 47

10426

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1975 Snyder Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Colgate (If outside city or town limits, write RURAL and give town)

(d) Street No. 1975 Snyder Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Eldred Tinder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Irene Tinder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3/1857

8. AGE: Years 83 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER

12. Name Thomas R. Tinder

13. Birthplace Va

MOTHER

14. Maiden Name Elizabeth Tinder

15. Birthplace Va

16 (a) Informant Mrs Ruth McKim

(b) Address 1975 Snyder Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16/40 (month) (day) (year)

(c) Cemetery or crematory Orange Co

Location Orange Va

18 (a) Funeral director Philips Hohwig Sons

(b) Address 2024 Orleans St

19 (a) 10/15/40 (Date rec'd by registrar) (b) H M Commerce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1940, at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May — 1938, to Oct 14 1940, and that I last saw him alive on Oct 13 1940.

Immediate cause of death	Duration
Generalized Arteriosclerosis c̄ Auricular Fibrillation	<2 years
Due to	
Due to	
Other Conditions Chronic Pyelitis	<2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Howard Burns M. D.

Address 59 Dundalk Ave. Date signed Oct 14, 1940

VS 3

RECEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (183)

10427

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: Balto.
County
City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Texas Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Benj. Turnbaugh 3rd

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Infant
6 (b) Name of husband or wife
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug 28, 1940

8. AGE: Years — Months 1 — Days 26 — If less than one day — hrs. — min.

9. Birthplace Texas, Balto. Co., Md.
(Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Walter B. Turnbaugh, Jr.
13. Birthplace Luthervile, Md.
MOTHER 14. Maiden name Christina Ford
15. Birthplace Cockeysville, Md.
16. Informant W. B. Turnbaugh, Jr.
Address Texas, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 25, 1950 (month) (day) (year)
Cemetery or crematory Trinity
Location Long Green
18. Funeral director Landon M. Brooks
Address Sparks, Md.
19. Oct. 24 (Data rec'd by registrar) 19 40 Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24th 1940, at 4 ? M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~.

Immediate cause of death Accidental Suffocation
Due to in bed
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 10.24.40
Where did injury occur? Texas (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Suffocation Injured at work? No

23. SIGNATURE W. T. Ensor Deputy M. Ex. M. D. or other
Address Texasville Md Date signed 10.24.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10428

(8)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. Fristan St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME unknown

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX not determined

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years — Months — Days — If LESS than 1 day, — hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. no

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) unknown (State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Record Halethorpe Police Department (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place specimen preserved Date ....., 19....

19. UNDERTAKER Der Kieffer (Address) 1010 Leeds av

20. FILED Oct 13, 1940 Der Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 13, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature birth	
2 month	

Other Contributory Causes of importance:

Found wrapped in paper on Roadside

Name of operation abandoned Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Der Kieffer Dep Med Exam M.D.

(Address) 1010 Leeds av Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

NOV 4 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Born Baltimore City?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10429

117-a

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Parkville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Grindon Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months, 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Parkville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Grindon Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Neil Earl Weidner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife Hamilton Weidner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 8, 1940

8. AGE:

Years	Months	Days	If less than one day
	3	16	____ hrs. ____ min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Frank Weidner

13. Birthplace Baltimore

MOTHER

14. Maiden name Bernice E. Johnson

15. Birthplace Baltimore

16. Informant Mrs. Frank H. Weidner

Address Grindon Avenue, Parkville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-26-40 (month) (day) (year)

Cemetery or crematory Moreland Park

Location

18. Funeral director Leonard J. Ruck

Address 6300 Halford Road

19. 10/26 (Date rec'd by registrar) 19 40 G. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 19 40, at 6A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 22 19 40, to October 23 19 40

and that I last saw him alive on October 23 19 40.

	DURATION
Immediate cause of death Acute Enteritis	5 days
Due to Probably bacterial infection (type unknown)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. L. Wilkinson

A. L. Wilkinson, M. D. M. D. or other

Address 5713 Belair Road Date signed 10-24-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

10430

Reg. Diat. No. 42

1. PLACE OF DEATH:
County: Baltimore County
City or town: Landsdown (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 9 Hilltop Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore
City or town: Landsdown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 9 Hilltop Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Wells

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Constance Wells

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
53			hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown
15. Birthplace: Virginia

16. Informant: Constance Wells
Address: 9 Hilltop Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4, 1940 (month) (day) (year)
Cemetery or crematory: National Cemetery
Location: Frederick, Md.
18. Funeral director: Joseph R. Poinsette, Inc.
Address: 602 W. Baltimore Blvd.
19. NOV 2 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: OCTOBER 31 1940, at 4:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1939, to OCTOBER 24 1940, and that I last saw him alive on Oct 24 1940.

	DURATION
Immediate cause of death: Coronary Occlusion	Oct 31 1940
Due to: Arteriosclerosis	2 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; —
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Edward J. Milan M.D. M. D. or other
Address: 687 Washington Blvd. Date signed 11-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 11 1940
U.S. GAO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

10431

Reg. Diat. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Govans P. O.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
104 Thicket Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Govans P. O.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 104 Thicket Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: EMMA WEYFORTH

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William O. Weyforth
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 30, 1861

8. AGE: Years	Months	Days	If less than one day
79	1	13	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Christian Oberheim
13. Birthplace: Germany
MOTHER 14. Maiden name: ? Snyder
15. Birthplace: Germany
16. Informant: Mr. W. O. Weyforth
Address: 104 Thicket Road
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/15/40 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland
18. Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues
19. Oct 14 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12, 1940, at 10:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15, 1933 to October 12 1940 and that I last saw her alive on October 12, 1940

Immediate cause of death	DURATION
Acute congestive heart failure	Sudden.
Due to Chronic myocarditis with mitral and aortic valvular disease.	
Due to	
Other conditions Diabetes mellitus; Chronic nephritis.	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Edwin B. Jones M. D. or other
Address: 1115 St. Paul St., City Date signed: 10/14/40

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Jarrett

1115 St Paul St.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10432

Reg. Diat. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs., 10 mos., 18 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 8 yrs., 10 mos., 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 227 North Gilmor Street

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Sarah Wilson

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unk.

8. AGE: Years: 67? Months: Days: If less than one day: hrs. min.

9. Birthplace: unk. (Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business: Own home

FATHER 12. Name: unk

13. Birthplace

MOTHER 14. Maiden name: unk

15. Birthplace

16. Informant: Hospital records

Address

17. (Burial, cremation, or removal. Which?) Burial Date thereof 10/21/40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp.

Location: Catonsville Md.

16. Funeral director: Spring Grove State Hosp.

Address: Catonsville Md.

19. (Date received by registrar) 10/21/40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 15, 1940, at 10:55 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 19, 1936, to October 15, 1940

and that I last saw her alive on October 15, 1940

Immediate cause of death	DURATION
Chronic myocarditis	before 1931
Due to Generalized arteriosclerosis	before "
Due to Chronic interstitial nephritis	before "
Other conditions Dementia praecox	" "

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. (M. D. or other)

Address: Spring Grove St. Hosp. Date signed 10-19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10433

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Glenburn Home
City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Campfield Rd.
Stay in hospital or inst. (yrs., or mos., or days) 8 yrs.
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. Pa. County Balto.
City or town Catonsville Phila. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Campfield Rd Pikesville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Ernest Wohlschlegel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Widower

8 (b) Name of husband or wife Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 23, 1861

8. AGE: Years	Months	Days	If less than one day
79	3	23	____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Barber
11. Industry or business
FATHER 12. Name Joseph Wohlschlegel
13. Birthplace Germany
MOTHER 14. Maiden name Charlotte Hoffebert
15. Birthplace Germany
16. Informant Mr Theo Kaltukamp
Address Campfield Rd.
17. Burial Date thereof Oct. 19, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenmount Cem.
Location Philadelphia Pa.
18. Funeral director J Heckmann & Son
Address 32 S. Broadway
19. 10-18 1940 E E Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-9- 1940, to 10-16 1940; and that I last saw him alive on 10-15- 1940.

Immediate cause of death	DURATION
1) Arteriosclerosis	
Heart Disease	6 months
Due to with Auricular Fibrillation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Earl L. Chambers, M.D.
M. D. or other
Address 4108 Liberty Hts. Date signed 10-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

10434

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Baltimore
City or town Woodlawn.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Gwynn Oak Ave.
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Gwynn Oak Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Virginia Wright

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Howard R. Wright.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): September 1, 1859.
8. AGE: Years 81 Months 1 Days 15 If less than one day ____ hrs. ____ min.
9. Birthplace: New Freedom, Pa. R.D. (Town, county and state)
10. Usual occupation: Housekeeper.
11. Industry or business: Own Home.
FATHER 12. Name: Andrew Jackson Wright
FATHER 13. Birthplace: Unknown
MOTHER 14. Maiden name: Ruth Ann Koller
MOTHER 15. Birthplace: Unknown.
16. Informant: Mrs. Elmer Shephard.
Address: Gwynn Oak, Ave. Woodlawn Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 19, 1940 (month) (day) (year)
Cemetery or crematory: New Freedom.
Location: New Freedom, Penna.
18. Funeral director: Jacob Harenberg
Address: New Freedom Pa.
19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1940, at 6.30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/25 1940, to 10/15 1940, and that I last saw h-r alive on 10/15 1940
Immediate cause of death: Cerebral Hemorrage — DURATION 4 days
Due to: Hardening of arteries
Due to
Other conditions: a cpl
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide X Date of X
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) X
Means of injury X Injured at work? X

23. SIGNATURE D. A. C. Hearn M. D. or other
Address 390 Garrison Blvd Date signed 10/17/40

RECEIVED
NOV 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10435

1. PLACE OF DEATH

County Baltimore (83a) Registration Dist. No. 44

Village or City Edgemere, Edgemere No. P.O. Dawson's St. Md. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Yarborough

(a) Residence: No. Edgemere P.O. St. Dawson's Ward Sh. Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda Yarborough

6. DATE OF BIRTH (month, day, and year) Jan 17th 1882

7. AGE Years 58 Months 9 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Steel Mills

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 30.

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George B. Yarborough

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) George Yarborough. Edgemere, P.O.

18. BURIAL, CREMATION, OR REMOVAL Place McCalvary Date Oct 23, 1940

19. UNDERTAKER (Address) Samuel W. Chase Gore 638 N. Gilmor St

20. FILED Oct 21, 1940 Dawson L. Harper Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 20th 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10/1/40, 19, to October 20th, 19

I last saw him alive on October 20th 1940; death is said to have occurred on the date stated above, at 12:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	10/1/40

Other Contributory Causes of importance:

Arteriosclerosis	unknown

Name of operation None Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Thomas M. D.

(Address) 1012 S St. Sp. Sh. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 21 1940
BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN